

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 433304

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: FAY POTTER UNDERFASHIONS, INC.

**Current Principal Place of Business:**

184 CREPE MYRTLE DR  
C/O GEWIRTZ  
GROVELAND, FL 34736

**New Principal Place of Business:**

**Current Mailing Address:**

184 CREPE MYRTLE DR  
C/O GEWIRTZ  
GROVELAND, FL 34736 US

**New Mailing Address:**

184 CREPE MYRTLE DR  
C/O GEWIRTZ  
GROVELAND, FL 34736

FEI Number: 59-1487192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GEWIRTZ, ARNOLD  
184 CREPE MYRTLE DR  
GROVELAND, FL 34736 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CPTS ( ) Delete  
Name: GEWIRTZ, ARNOLD,  
Address: 184 CREPE MYRTLE DRIVE  
City-St-Zip: GROVELAND, FL 34736

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CPTS (X) Change ( ) Addition  
Name: GEWIRTZ, ARNOLD CPTS  
Address: 184 CREPE MYRTLE DRIVE  
City-St-Zip: GROVELAND, FL 34736

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNOLD GEWIRTZ

CPTS

03/12/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date