## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 22, 2007 8:00 am Secretary of State DOCUMENT # F00000004127 03-22-2007 90008 006 \*\*\*150.00 1. Entity Name THE PANTS SET, INC. Principal Place of Business Mailing Address 146 HANSE AVE 146 HANSE AVE FREEPORT, NY 11520 FREEPORT, NY 11520 No Chg-P CR2E034 (11/05) 03082007 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 13-2667258 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or prifted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. CEO TITLE SIEGEL, WILLIAM R NAME 104 ANCHORAGE WAY STREET ADDRESS CITY-ST-ZIP FREEPORT, NY 11520 TITLE LUBEL, RONALD NAME STREET ADDRESS 25 ARVINGTON CT EAST HILLS, NY 11576 CITY-ST-7/P TITLE COHEN, ALAN R NAME STREET ADORESS 12 SCARBOROUGH DO NOT WRITE CITY-ST-ZIP SMITHTOWN, NY 11787 IITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

FILED

Daytime Phone #