


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F0600005813</b> 1. Entity Name <b>MMG PREMIERE NECKWEAR GROUPE INC.</b>	
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Principal Place of Business 1717 OLIVE STREET 5TH FLOOR ST. LOUIS MO 63103	Mailing Address 1717 OLIVE STREET 5TH FLOOR ST. LOUIS MO 63103
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/06)

City & State	City & State	4. FEI Number <b>43-0923891</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**DE FASSON, DANIEL**  
**10825 NW 33RD STREET**  
**MIAMI FL 33172**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P O Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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  DATE 3-19-07

(NOTE: Registered Agent's signature required when transferring.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	C <input type="checkbox"/> Delete
NAME	RASKAS, JEROME
STREET ADDRESS	7701 CLAYTON RD
CITY- ST- ZIP	ST LOUIS MO 63117
TITLE	D <input type="checkbox"/> Delete
NAME	GERSTEIN, HARVEY
STREET ADDRESS	11910 SAXTON RIDGE
CITY- ST- ZIP	ST LOUIS MO 63141
TITLE	D <input type="checkbox"/> Delete
NAME	ABRAMS, LLOYD
STREET ADDRESS	555 NORTH NEW BALLAS, SUITE 250
CITY- ST- ZIP	ST LOUIS MO 63141
TITLE	D <input type="checkbox"/> Delete
NAME	RASKAS, JO ANN
STREET ADDRESS	750 SOUTH HANLEY
CITY- ST- ZIP	ST LOUIS MO 63105
TITLE	P <input type="checkbox"/> Delete
NAME	EISENBERG, DONALD
STREET ADDRESS	1717 OLIVE STREET
CITY- ST- ZIP	ST. LOUIS MO 63103
TITLE	V <input type="checkbox"/> Delete
NAME	CHOD, BARRY
STREET ADDRESS	1717 OLIVE STREET
CITY- ST- ZIP	ST. LOUIS MO 63103

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000676557
CITY- ST- ZIP	03/30/07-80065-024 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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 attachment with an address, with all other like empowered.

**SIGNATURE:**  Date 3-19-07 Daytime Phone # 314-421-2182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR