

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005075

FILED
Jun 09, 2009
Secretary of State

Entity Name: CHILDRENSWEAR HOLDING CORP.

Current Principal Place of Business:

1333 BROADWAY STE 700
NEW YORK, NY 10018

New Principal Place of Business:

Current Mailing Address:

1333 BROADWAY STE 700
NEW YORK, NY 10018

New Mailing Address:

FEI Number: 26-3568271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: METZ, CHRISTOPHER
Address: 5200 TOWN CENTER CIRCLE STE 600
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: ROACH, DONALD
Address: 5200 TOWN CENTER CIRCLE STE 600
City-St-Zip: BOCA RATON, FL 33486

Title: DP () Delete
Name: SIMMONS, GARY F
Address: 1333 BROADWAY STE 700
City-St-Zip: NEW YORK, NY 10018

Title: CEO () Delete
Name: SIMMONS, GARY F
Address: 1333 BROADWAY STE 700
City-St-Zip: NEW YORK, NY 10018

Title: VS (X) Delete
Name: MCCONVERY, MICHAEL J
Address: 5200 TOWN CENTER CIRCLE STE 600
City-St-Zip: BOCA RATON, FL 33486

Title: VS (X) Delete
Name: HAJDUCH, MARK
Address: 5200 TOWN CENTER CIRCLE STE 600
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change () Addition
Name: FASS, GARY
Address: 1333 BROADWAY STE 700
City-St-Zip: NEW YORK, NY 10018

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY FASS

TREA

06/09/2009

Electronic Signature of Signing Officer or Director

Date