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 # H73784** 03-22-2007 90004 005 ***150.00 1. Entity Name JUST SHIRTS, WESTLAND, INC. 306 Principal Place of Business Mailing Address 40039572 146 HANSE AVENUE 146 HANSE AVENUE -FREEPORT, NY 11520 FREEPORT, NY 11520 03082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-1697862 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY DO NOT WRITE 1201 HAYS STREET **SUITE 105** IN THIS SPACE TALLAHASSEE, FL 32301 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE COHEN, ALAN R NAME 12 SCARBOROUGH LN STREET ADDRESS CITY-ST-ZIP SMITHTOWN, NY 11787 TITLE LUBEL, RONALD 25 ARLINGTON COURT STREET ADDRESS CITY-ST-ZIP ROSLYN, NY 11576 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 th all other like empowered

FILED

Daytime Phone #