## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000062615

Entity Name: GILDAN ACTIVEWEAR (US HOLDINGS) INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
5200 BLUE LAGOON DR 600					
MIAMI, FL	33126				
Current Mailing Address:			New Maili	New Mailing Address:	
725 MONTEE DE LIESSE MONTREAL QUEBEC H4T 1P5 CANADA, XX				725 MONTEE DE LIESSE MONTREAL, QC HAT 1P5 CA	
FEI Number: (	65-0852928	FEI Number Applied For ( ) FEI N	umber Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
LEDER, NATHAN I 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI, FL 33126 US					
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:					
	Electro	nic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CHAMANDY, 0 58 BELVEDER		Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition CHAMANDY, GLENN J 58 BELVEDERE PLACE MONTREAL, QC H3Y 1G6 CA	
Title: Name: Address: City-St-Zip:	CHAMANDY, F 58 PLACE BEI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SABOURIN, NO 680 BUCHANA		Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition SABOURIN, NORMAND 680 BUCHANAN SAINT-LAURENT, QC H4L 2T6 CA	
Title: Name: Address: City-St-Zip:	TISCH, EDWIN		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SELLYN, LAUR 25 EAST GABI		Title: Name: Address: City-St-Zip:	CFO (X) Change ( ) Addition SELLYN, LAURENCE G 25 EAST GABLES CT BEACONFIELD, QC J4S 1W2 CA	
Title: Name:	S ( LEMAY, STEP		Title: Name:	S (X) Change ( ) Addition MATTHEWS, LINDSAY 70 COLUMBIA AVENUE	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip: MONTREAL, QC H3Z 2C3 CA

SIGNATURE: LINDSAY MATTHEWS S 04/27/2005

City-St-Zip: ST LAMBERT QUEBEC, QC J4S 1W2 CA