
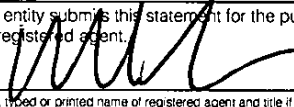



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90093 044 \*\*\*150.00

<b>DOCUMENT # P98000062615</b> 1. Entity Name <b>GILDAN ACTIVEWEAR (US HOLDINGS) INC.</b>					
Principal Place of Business <b>5200 BLUE LAGOON DR 600 MIAMI, FL 33126</b>			Mailing Address <b>725 MONTEE DE LIESSE MONTREAL, QC HAT 1-P5</b>		
2. Principal Place of Business <b>2200 N. Commerce Parkway</b> Suite, Apt. #, etc. <b>202</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>Weston, Florida</b>			
City & State <b>Weston, Florida</b>		City & State  		4. FEI Number <b>65-0852928</b>	
Zip <b>33326</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LEDER, NATHAN I 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name <b>Mark S. Feluren</b> Street Address (P.O. Box Number is Not Acceptable) <b>2200 N. Commerce Parkway</b> <b>Suite 202</b> City <b>Weston</b> <b>FL</b> Zip Code <b>33326</b>	
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  <b>2-28-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAMANDY, GLENN J 58 BELVEDERE PLACE MONTREAL, QC H3Y 1G6	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED, D Chamandy, Glenn J. 725 Montee de liesse Montreal, QC H4T 1P5
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SABOURIN, NORMAND 680 BUCHANAN SAINT-LAURENT, QC H4L 2T6	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Shaun Parmar 725 Montee de liesse Montreal, QC H4T 1P5
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SELYN, LAURENCE G 25 EAST GABLES CT BEACONFIELD, QC J4S 1W2	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	E.V.P. + C.F. - ad. off. Sellyn, Laurence G. 725 Montee de liesse Montreal, QC H4T 1P5
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATTHEWS, LINDSAY 70 COLUMBIA AVENUE MONTREAL, QC H3Z 2C3	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Legal Ser. + Corp. Sec. Matthews, Lindsay 725 Montee de liesse Montreal, QC H4T 1P5
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 attachment with an address, with all other like empowered.					
SIGNATURE:  <b>Lindsay Matthews</b> 02/23/2006 (514) 340-8790 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

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<b>2. Principal Place of Business</b> <u>2200 N. Commerce Parkway</u>			<b>3. Mailing Address</b> Suite, Apt. #, etc. <u>202</u>		
Suite, Apt. #, etc. <u>202</u>			Suite, Apt. #, etc. _____		
<b>City &amp; State</b> <u>Weston, Florida</u>			<b>City &amp; State</b> _____		
<b>Zip</b> <u>33326</u>		<b>Country</b> <u>U.S.A</u>		<b>4. FEI Number</b> 65-0852928	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b> LEDER, NATHAN I 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI, FL 33126			<b>7. Name and Address of New Registered Agent</b> Name <u>Mark S. Feluren</u> Street Address (P.O. Box Number is Not Acceptable) <u>2200 N. Commerce Parkway</u> <u>Suite 202</u> City <u>Weston</u> <u>FL</u> <u>33326</u>		
<b>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.</b> SIGNATURE: <u>[Signature]</u> <span style="float: right;">2-28-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <b>NAME</b> CHAMANDY, GLENN J <b>STREET ADDRESS</b> 58 BELVEDERE PLACE <b>CITY-ST-ZIP</b> MONTREAL, QC H3Y 1G6	<input type="checkbox"/> Delete		<b>TITLE</b> PCEO, D <b>NAME</b> Chamandy, Glenn J. <b>STREET ADDRESS</b> 725 Montee de Liesse <b>CITY-ST-ZIP</b> Montreal, QC H4T 1P5	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> SABOURIN, NORMAND <b>STREET ADDRESS</b> 680 BUCHANAN <b>CITY-ST-ZIP</b> SAINT-LAURENT, QC H4L 2T6	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> Shaun Parmar <b>STREET ADDRESS</b> 725 Montee de liesse <b>CITY-ST-ZIP</b> Montreal, QC H4T 1P5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> CFO <b>NAME</b> SELLYN, LAURENCE G <b>STREET ADDRESS</b> 25 EAST GABLES CT <b>CITY-ST-ZIP</b> BEACONFIELD, QC J4S 1W2	<input type="checkbox"/> Delete		<b>TITLE</b> E.V.P + CF - ad. Off. <b>NAME</b> Sellyn, Laurence G. <b>STREET ADDRESS</b> 325 Montee de liesse <b>CITY-ST-ZIP</b> Montreal, QC H4T 1P5	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> MATTHEWS, LINDSAY <b>STREET ADDRESS</b> 70 COLUMBIA AVENUE <b>CITY-ST-ZIP</b> MONTREAL, QC H3Z 2C3	<input type="checkbox"/> Delete		<b>TITLE</b> Dir Legal Ser. + Corp. Sec. <b>NAME</b> Matthews, Lindsay <b>STREET ADDRESS</b> 725 Montee de liesse <b>CITY-ST-ZIP</b> Montreal, QC H4T 1P5	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>SIGNATURE:</b> <u>Lindsay Matthews</u> <u>02/23/2006</u> <u>(514) 340-8790</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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