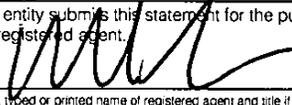
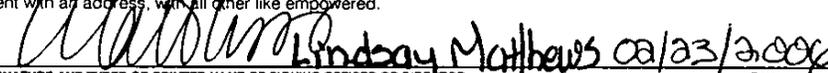


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-15-2006 90093 044 ***150.00

DOCUMENT # P98000062615			
1. Entity Name GILDAN ACTIVEWEAR (US HOLDINGS) INC.			
Principal Place of Business 5200 BLUE LAGOON DR 600 MIAMI, FL 33126		Mailing Address 725 MONTEE DE LIESSE MONTREAL, QC HAT 1-P5	
2. Principal Place of Business 2200 N. Commerce Parkway Suite, Apt. #, etc. 202		3. Mailing Address Suite, Apt. #, etc.	
City & State Weston, Florida		City & State	
Zip 33326	Country U.S.A	Zip	Country
6. Name and Address of Current Registered Agent LEDER, NATHAN I 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name: Mark S. Feluren Street Address (P.O. Box Number is Not Applicable): 2200 N. Commerce Parkway Suite 202 City: Weston FL Zip Code: 33326	
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: 2-28-06			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	
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	PCEO, D Chamandy, Glenn J. 725 Montée de Liesse Montreal, QC H4T 1P5 <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 Montée de Liesse Montreal, QC H4T 1P5 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SELLYN, LAURENCE G 25 EAST GABLES CT BEACONFIELD, QC J4S 1W2 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP + CF - ad. off. Sellyn, Laurence G. 725 Montée de Liesse Montreal, QC H4T 1P5 <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 Montée de Liesse Montreal, QC H4T 1P5 <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
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
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 02/23/2006 Daytime Phone #: (514) 340-8790	

ATTACHMENT

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

40031731

