2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 09, 2007 08:00 AM **DOCUMENT # P99000077599** Secretary of State 1. Entity Name PVH, INC. Principal Place of Business Mailing Address 626 CROSSFIELD CIR 626 CROSSFIELD CIR VENICE, FL 34293 VENICE, FL 34293 CR2E034 (11/05) 01252007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0951377 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALL, WAYNE C ESQ. DO NOT WRITE 1314 E. VENICE AVENUE SUITE E IN THIS SPACE VENICE, FL 34292 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) U000000628916 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 02/16/07-80035-022 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HERTEL, PAUL R JR. **626 CROSSFIELD CIRCLE** STREET ADDRESS CITY-ST-ZIP VENICE, FL 34293 VSD HERTEL, ELEANOR T NAME STREET ADDRESS 626 CROSSFIELD CIRCLE CITY-ST-ZIP VENICE, FL 34293 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TELLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

Dank Q Hestel & Paul R HERTEL JA

IGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2/7/07

941-493-0505

FILED

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