


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 856259</b> 1. Entity Name VINEYARD BRANDS, INC.	
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Principal Place of Business 2000 RESOURCE DRIVE BIRMINGHAM, AL 35242 US	Mailing Address 2000 RESOURCE DRIVE BIRMINGHAM, AL 35242 US
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**DO NOT WRITE IN THIS SPACE**



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 94-2217504	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

MATSON, FREDDY  
3632 JAFFA DR  
SARASOTA, FL 34239

**DO NOT WRITE  
IN THIS SPACE**

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 *Freddy Matson* **Freddy Matson** 3/15/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FABRE, HUBERT 78 ARBOLEDA LANE CARMEL VALLEY, CA 93924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS CASSAVOY, ROBERT 2328 RIDGE TRAIL BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARSHALL, CHRIS 70 SPRING STREET WRENTHAM, MA 02093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAAS, DANIEL E. 1243 'C' STREET SE WASHINGTON, DC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEFF, JERRY L. 3883 LOCKERBIE DR BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETROW, JAN 13 ORCHARD KATONAH, NY 10536

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04/05/07-80031-014-150.00

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 *Robert S. Cassavoy* **Robert S. Cassavoy** 3/26/07 (205) 980-8802  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #