2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# F00000005640

Entity Name: TEDESCHI VINEYARDS LTD. CORPORATION

Current Principal Place of Business:

HIGHWAY 37
ULUPALAKUA, HI 96790

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 953
ULUPALAKUA, HI 96790

New Mailing Address:

FEI Number: 99-0157938 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEIMAN, BRUCE
803 BELL RD
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HEGELE, PAULA
Address: P.O. BOX 953
City-St-Zip: ULUPALAKUA, HI 96790

Title: STD ( ) Delete
Name: CLAIR, JERRY
Address: 77-341 BOX RIDGE PLACE
City-St-Zip: INDIAN WELLS, CA 92210

Title: D ( ) Delete
Name: ERDMAN, C. PARDEE
Address: P.O. BOX 901
City-St-Zip: KULA, HI 96790

Title: V ( ) Delete
Name: MCLEAN, JAMES
Address: RR1 BOX 522
City-St-Zip: KULA, HI 96790

Title: D ( ) Delete
Name: RICE, HENRY
Address: 7101 KULA HWY
City-St-Zip: KULA, HI 96790

Title: D ( ) Delete
Name: MATICHYN, NICK
Address: RR2, BOX 79
City-St-Zip: KULA, HI 96790

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: PAULA J. HEGELE P 01/11/2007

Electronic Signature of Signing Officer or Director Date