


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000003064 1. Entity Name NOLET SPIRITS U.S.A., INC.	
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Principal Place of Business 30 JOURNEY ALISO VIEJO, CA 92656	Mailing Address 30 JOURNEY ALISO VIEJO, CA 92656
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DO NOT WRITE IN THIS SPACE



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 88-0341090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U00000208716 02/02/05-80004-025 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ELDIEN, WILLIAM L 30 JOURNEY ALISO VIEJO, CA 92656	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST NOLET, CAROLUS H.J. JR. 30 JOURNEY ALISO VIEJO, CA 92656	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD NOLET, CARL H SR. 30 JOURNEY ALISO VIEJO, CA 92656	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOLET, BOB 30 JOURNEY ALISO VIEJO, CA 92656	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IJFF, JAN 30 JOURNEY ALISO VIEJO, CA 92656	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William Eldien 1/24/04 (949) 448 5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #