

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P14011

1. Entity Name
 CONSTELLATION BRANDS, INC.



Principal Place of Business
 370 WOODCLIFF DRIVE, 3RD FLOOR, STE 300
 FAIRPORT, NY 14450 US

Mailing Address
 370 WOODCLIFF DRIVE, 3RD FLOOR, STE 300
 FAIRPORT, NY 14450 US



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 16-0716709 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION, FL 33324

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B. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

U00000527798
 05/05/06-80011-003 150.00

10. OFFICERS AND DIRECTORS

TITLE: CEO
 NAME: SANDS, RICHARD
 STREET ADDRESS: 370 WOODCLIFF DRIVE, 3RD FLOOR
 CITY-ST-ZIP: FAIRPORT, NY 14450

TITLE: POD
 NAME: SANDS, ROBERT S.
 STREET ADDRESS: 370 WOODCLIFF DRIVE, 3RD FLOOR
 CITY-ST-ZIP: FAIRPORT, NY 14450

TITLE: EVFO
 NAME: SUMMER, THOMAS S.
 STREET ADDRESS: 370 WOODCLIFF DRIVE, 3RD FLOOR
 CITY-ST-ZIP: FAIRPORT, NY 14450

TITLE: EVHR
 NAME: WILSON, W. KEITH
 STREET ADDRESS: 370 WOODCLIFF DRIVE, 3RD FLOOR
 CITY-ST-ZIP: FAIRPORT, NY 14450

TITLE: SV
 NAME: HUMPHREY, PERRY R.
 STREET ADDRESS: 370 WOODCLIFF DRIVE, 3RD FLOOR
 CITY-ST-ZIP: FAIRPORT, NY 14450

TITLE: SVS
 NAME: SORCE, DAVID S.
 STREET ADDRESS: 370 WOODCLIFF DRIVE, 3RD FLOOR
 CITY-ST-ZIP: FAIRPORT, NY 14450

DO NOT WRITE IN THIS SPACE

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: *Richard Sands*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 2006 (585)218-3646
Date Daytime Phone #