2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2009
Secretary of State

DOCUMENT# P29678

Entity Name: SKALLI CORPORATION

Current Principal Place of Business:

8440 ST. HELENA HWY.
RUTHERFORD, CA 94573

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 38
RUTHERFORD, CA 94573 US

New Mailing Address:

FEI Number: 94-2830523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC.
110 NORTH MAGNOLIA ST.
TALLAHASSEE, FL 32301 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: PD ( ) Delete
Name: SKALLI, ROBERT
Address: 912 RTE DE MONTEPELLIER
City-St-Zip: 34200 SETE, FRANCE,

Title: VPT ( ) Delete
Name: SKALLI, ALBERT
Address: 143 ROUTE DES 3 LUCS
City-St-Zip: 13012 MARSEILLE, FRANCE,

Title: VPS ( ) Delete
Name: SKALLI, BERNARD
Address: 145 AVENUE DE MALAKOFF
City-St-Zip: 75116 PARIS, FRANCE,

Title: EVP ( ) Delete
Name: RODENO, MICHAELA
Address: 7878 MONEY ROAD
City-St-Zip: NAPA, CA 94558

Title: CFO ( ) Delete
Name: DEVILLERS, KATHERINE
Address: 4363 SONOMA HWY
City-St-Zip: SANTA ROSA, CA 95409

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: CEO (X) Change ( ) Addition
Name: SWAIN, EMMA
Address: 1133 SEMINARY ST
City-St-Zip: NAPA, CA 94558

Title: CFO (X) Change ( ) Addition
Name: SCHOCH, BONNIE
Address: 2290 BOYSON LANE
City-St-Zip: ST HELENA, CA 94574

I hereby certify that the information supplied with this filing does not qualify 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: BONNIE K. SCHOCH CFO 09/02/2009

Electronic Signature of Signing Officer or Director — Date