


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

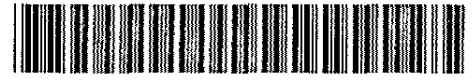
**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P31962</b> 1. Entity Name <b>FREY VINEYARDS, LTD. CORPORATION</b>	
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Principal Place of Business <b>14000 TOMKI ROAD REDWOOD VALLEY CA 95470</b>	Mailing Address <b>14000 TOMKI RD. REDWOOD VALLEY CA 95470 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number <b>94-2672520</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>APPLE-A-DAY BRUCE HEIMAN 1934 RAINFOREST TR SARASOTA FL 34240</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 *Jonathan Frey* *Jonathan Frey V.P.* *2/27/05*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, PAUL	NAME	U00000254955
STREET ADDRESS	14000 TOMKI ROAD	STREET ADDRESS	03/07/05-80093-021 150.00
CITY-ST-ZIP	REDWOOD VALLEY CA	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, JONATHAN	NAME	
STREET ADDRESS	14000 TOMKI ROAD	STREET ADDRESS	
CITY-ST-ZIP	REDWOOD VALLEY CA	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, MATTHEW	NAME	
STREET ADDRESS	14000 TOMKI ROAD	STREET ADDRESS	
CITY-ST-ZIP	REDWOOD VALLEY CA	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, KATRINA	NAME	
STREET ADDRESS	14000 TOMKI RD	STREET ADDRESS	
CITY-ST-ZIP	REDWOOD VALLEY CA	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: *Jonathan Frey* *Jonathan Frey VP* *2/27/05* *707 485 5177*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #