2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2006 08:00 AM Secretary of State **DOCUMENT # F95000001506** 1. Entity Name ALBAN VINEYARDS, INC. Principal Place of Business Mailing Address 8575 ORCUTT RD 8575 ORCUTT RD ARROYO GRANDE, CA 93420 ARROYO GRANDE, CA 93420 No Chg-P CR2E034 (11/05) 03282006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-0385904 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STACOLE FINE WINES DO NOT WRITE 1003 CLINT MOORE RD BOCA RATON, FL 33487 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. T)7) F NAME ALBAN, JOHN S STREET ADDRESS 8575 ORCUTT RD CITY-ST-ZIP ARROYO GRANDE, CA 93420 U00000502369 04/25/06-80100-018 150.00 717) F NAME STREET ADDRESS City-St-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP BILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE

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 path; that I am an officer or direction 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 changed, or on an attachment with an address, with all other fixe empowered. with all other like empowered.

SIGNATURE: _

NAME STREET ADDRESS

> SIGNATURE AND TYPED OR PRO TED HAVE OF SIGNING OFFICER OR DIRECTOR

Date

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