


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 530049		
1. Entity Name WINECELLAR RESTAURANT, INC.		
Principal Place of Business 17307 GULF BLVD. N. REDINGTON BEACH, FL 33708 US	Mailing Address 17307 GULF BLVD. N. REDINGTON BEACH, FL 33708 US	



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1738176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REYNOLDS, THOMAS E ESQ 535 CENTRAL AVENUE ST. PETERSBURG, FL 33701	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000909876 05/06/08-80088-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SONNENSCHNEIN, THEODOR 17307 GULF BLVD. NO. REDINGTON BCH FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SONNENSCHNEIN, ELIZABETH 17307 GULF BLVD. NO. REDINGTON BCH FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUMPP, KARL 17307 GULF BLVD. NO. REDINGTON BCH FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUCKERT, PETER 17307 GULF BLVD. NO REDINGTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONNENSCHNEIN, KAI 17307 GULF BLVD. N. REDINGTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **4-15-08 727-393-3491**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #