2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852440

FILED Mar 09, 2006 Secretary of State

Entity Name: THE BLACK PRINCE DISTILLERY INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	ON AVE. NJ 07015	US				
current Mailing Address:		New Mailing Address:				
O BOX CLIFTON,	1999 NJ 07015	US				
El Number	: 22-0775170	FEI Number Applied For ()	FEI Number Not App	icable () Certi	ficate of Status Desired()	
lame and	d Address of	Current Registered Agent:	Name and	Address of New R	egistered Agent:	
0800 BIS SUITE 410 MAMI, FL	33161 US		nurnose of changing	te registered office o	or registered agent, or hot	
the Stat	e of Florida	Submits this statement for the	purpose of changing	is registered office c	registered agent, or bot	
the Stat	e of Florida.	Submits this statement for the	purpose of changing	is registered office c	ir registered agent, or bot	
the State	e of Florida.			is registered office c	Date	
the Stat	e of Florida. RE: Electro	onic Signature of Registered Ag		is registered office c		
the State	e of Florida. RE: Electro	onic Signature of Registered Aco	gent			
the State IGNATU Dection Car DEFICER ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	e of Florida. RE: Electro mpaign Financi S AND DIREC PD (GUTTAG, ROI 301 E. 79TH S NEW YORK, I T (VALENTI, PHY 30 FIRST AVE	onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete BERT ST. NY 10021) Delete (/LLIS	gent ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	S/CHANGES TO O PD (X) Chang GUTTAG, ROBERT 340 SUNSET DRIVE, / FT. LAUDERDALE, FL	Date FFICERS AND DIRECTOR ge () Addition APT. #810	
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I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT GUTTAG PD 03/09/2006