2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008
Secretary of State

DOCUMENT# F01000002266

Entity Name: DRY CREEK VINEYARD INC

Current Principal Place of Business:

3770 LAMBERT BRIDGE RD
HEALDSBURG, CA 95448

New Principal Place of Business:

Current Mailing Address:

1471 FIRST STREET
CALISTOGA, CA 94515

New Mailing Address:

FEI Number: 95-2769851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P ( ) Delete
Name: STARE, DAVID
Address: 5325 WIKIUP BRIDGE WAY
City-St-Zip: SANTA ROSA, CA 95404

Title: V ( ) Delete
Name: WALLACE, KIM S
Address: 3410 DRY CREEK RD
City-St-Zip: HEALDSBURG, CA

Title: ST ( ) Delete
Name: COCHRAN, DRU
Address: 81 GEYSERRIDGE
City-St-Zip: GEYSERVILLE, CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: WALLACE, DON
Address: 3410 DRY CREEK RD
City-St-Zip: HEALDSBURG, CA 95448

Title: VP (X) Change ( ) Addition
Name: WALLACE, KIM S
Address: 3410 DRY CREEK RD
City-St-Zip: HEALDSBURG, CA

Title: ST (X) Change ( ) Addition
Name: COCHRAN, DRU
Address: 112 PAUL WITTKE DRIVE
City-St-Zip: HEALDSBURG, CA 95448

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: DON WALLACE PRES 03/14/2008

Electronic Signature of Signing Officer or Director — Date