2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001350

Entity Name: PARAGON VINEYARD CO., INC.

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4915 ORCUTT ROAD SAN LUIS OBISPO, CA 93401 **Current Mailing Address: New Mailing Address:** 4915 ORCUTT ROAD SAN LUIS OBISPO, CA 93401 FEI Number: 94-0786435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition NIVEN, JAMES H NIVEN, JAMES H Name: Name: 322 SPRUCE STREET 311 SPRUCE STREET Address: Address: City-St-Zip: SAN FRANCISCO, CA 94118 City-St-Zip: SAN FRANCISCO, CA 94118 VVCT Title: Title: () Delete () Change () Addition Name: NIVEN. JOHN R JR. Name: 1110 BUTTONSAGE WAY Address: Address: ARROYO GRANDE, CA 93420 City-St-Zip: City-St-Zip: () Delete Title: Title: VΡ () Change () Addition BLANEY, MICHAEL N Name: Name: 970 AMBROSIA LANE Address: Address: City-St-Zip: SAN LUIS OBISPO, CA 93401 City-St-Zip: Title: () Delete Title: () Change () Addition NIVEN, JANE L Name: Name: Address: 8550 E. REMUDA DR. Address: City-St-Zip: SCOTTSDALE, AZ 85255 City-St-Zip: Title: Title: () Delete () Change () Addition ROWE, JULIA N Name: Name: 3630 PROMENTORY PLACE Address: Address: City-St-Zip: CARLSBAD, CA 92008 City-St-Zip: Title: () Delete Title: () Change () Addition NIVEN, JOHN H Name: Name: 5885 BUTTERCUP LANE Address: Address: City-St-Zip: City-St-Zip: AVILA BEACH, CA 93424 US

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: MICHAEL N. BLANEY VP 01/04/2008