

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000535

Entity Name: TWIN PEAKS WINERY, INC.

FILED
Apr 19, 2006
Secretary of State

Current Principal Place of Business:

1473 YOUNTVILLE CROSS ROAD
YOUNTVILLE, FL 94599

New Principal Place of Business:

1473 YOUNTVILLE CROSS ROAD
YOUNTVILLE, CA 94599

Current Mailing Address:

1473 YOUNTVILLE CROSS ROAD
YOUNTVILLE, FL 94599

New Mailing Address:

1473 YOUNTVILLE CROSS ROAD
YOUNTVILLE, CA 94599

FEI Number: 98-0365900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OPICI, LINDA
1425 WATERTOWER ROAD
LAKE PARK, FL 33403 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: CDP () Delete
Name: LEDE, CLIFFORD
Address: 6267 TAYLOR DRIVE
City-St-Zip: WEST VANCOUVER, BC, CANADA,

Title: V (X) Delete
Name: UPDEGRAFF, MICHAEL L
Address: 945 LEE COURT
City-St-Zip: SONOMA, CA 95476

Title: S () Delete
Name: NEYS, RODNEY
Address: P.O. BOX 174, STN MAIN
City-St-Zip: ST. ALBERT, ALBERTA, CANADA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CLIFFORD LEDE

PRES

04/19/2006

Electronic Signature of Signing Officer or Director

Date