

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000001731 1. Entity Name DELEGAT'S WINE ESTATE LIMITED, INC.						40076984 	
Principal Place of Business LEVEL 1, 16 VIADUCT HARBOUR AVENUE MARITIME SQ AUCKLAND, NZ, OC				Mailing Address LEVEL 1, 16 VIADUCT HARBOUR AVENUE MARITIME SQ AUCKLAND, NZ, OC			
2. Principal Place of Business - No P.O. Box # PO Box 91681		3. Mailing Address LEVEL 3 7-9 FANSHAW STREET		Suite, Apt. #, etc.			
City & State AUCKLAND		City & State AUCKLAND		4. FEI Number 98-0445763 Applied For NOT APPLICABLE Not Applicable			
Zip NEW ZEALAND		Zip NEW ZEALAND		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WILTON, ROBERT L 14A BONGARD ROAD MISSION BAY, AUCKLAND NZ,			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DELEGAT, JAKOV NIKOLA 83 ARNEY RODD REMUERD AUCKALND NZ,			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELEGAT, ROSEMARY SUZAN 33 JUBILEE AVENUE DEVONPORT AUCKLAND NZ,			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
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: <u><i>Robert L Wilton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>1 APRIL 2008</u> <u>464 93597300</u> <small>Date Daytime Phone #</small>			