

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006527

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: THE NIGHTWINE COMPANY

## Current Principal Place of Business:

40 W. OVERHILL CIR  
MEDIA, PA 19063

## New Principal Place of Business:

## Current Mailing Address:

1100 S STATE RD 7 SUITE 203  
MARGATE, FL 33068

## New Mailing Address:

FEI Number: 23-3031901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLEMING, BRIAN C  
1100 S STATE RD 7 SUITE 203  
MARGATE, FL 33068 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: V ( ) Delete  
Name: LYONS, LINDA  
Address: 40 W. OVERHILL CIRCLE  
City-St-Zip: MEDIA, PA 19063

Title: P ( ) Delete  
Name: HALL, CHRISTINE  
Address: 850 CLUB CHASE LANE  
City-St-Zip: ROSWELL, GA 30076

Title: S ( ) Delete  
Name: FLEMING, LORRIE  
Address: 910 CROFTERS PASS  
City-St-Zip: ALPHARETTA, GA 30022

## 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 Section 119.07(3)(i), 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: LINDA LYONS

V

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date