## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G81072

Address:

City-St-Zip:

8448 BRENTWOOD RD

SEMINOLE, FL 33777

FILED Apr 11, 2008 Secretary of State

Entity Name: NATIONAL WINE	DOW FASHIONS, INC.		•	
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
8710 SEMINOLE BLVD SEMINOLE, FL 33772				
Current Mailing Address:		New Mailing Address	:	
8710 SEMINOLE BLVD SEMINOLE, FL 33772				
FEI Number: 59-2419409 FEI Nu	umber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current	Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
SCHULER, TIMOTHY C. 6220 SEMINOLE BLVD. SEMINOLE, FL 33542 US				
The above named entity submits in the State of Florida.	this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financing Trust F	und Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P ( ) Delete Name: OLIVER, JAMES III		Title: P Name: OLIVER, JAM	(X) Change ( ) Addition MES III	

9682 LEEWARD AVE Address: 12781 LONE PALM CT Address: City-St-Zip: LARGO, FL 33773 City-St-Zip: LARGO, FL 33773 Title: VPT () Delete Title: VPT (X) Change ( ) Addition OLIVER, KATHRYN A OLIVER, KATHRYN A Name: Name: Address: 9682 LEEWARD AVE Address: 12781 LONE PALM CT LARGO, FL 33773 LARGO, FL 33773 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: OLIVER, JUDITH M Name:

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.

Address:

City-St-Zip:

SIGNATURE: JAMES W OLIVER III PRES 04/11/2008