


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 08:00-AM**  
**Secretary of State**

<b>DOCUMENT # L30292</b> 1. Entity Name THE WINE EXCHANGE, INC.		
Principal Place of Business THE WINE EXCHANGE, INC. 1611 W. SWANN AVE. TAMPA, FL 33606 US		Mailing Address THE WINE EXCHANGE, INC. 1611 W. SWANN AVE. TAMPA, FL 33606 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MILLS, FREDERICK J. 1200 WEST PLATT STREET SUITE 100 TAMPA, FL 33606		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SMITH, MARK 4957 BAYSHORE BOULEVARD TAMPA, FL 336113851	
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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>Mark A. Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/23/06</u> Daytime Phone # <u>813-254-9463</u>



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2983771	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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03/14/06-80001-023 158.75

**DO NOT WRITE  
IN THIS SPACE**