2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004315

Entity Name: TREASURE COAST WINE FESTIVAL, INC.

FILED Feb 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4731 N. HIGHWAY A-1-A 1555 INDIAN RIVER BLVD SUITE 227 SUITE B111 VERO BEACH, FL 32963 VERO BEACH, FL 32960

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 1207 VERO BEACH, FL 32961

FEI Number: 20-2757460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FENNELL, TODD W 979 BEACHLAND BOULEVARD VERO BEACH, FL 32963 US

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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 MCLAUGHLIN, EDWARD B
 Name:
 NAEREBOUT, THOMAS C

 Address:
 1611 E. CAMINO DEL RIO
 Address:
 1555 INDIAN RIVER BLVD B111

 City-St-Zip:
 VERO BEACH, FL 32963
 City-St-Zip:
 VERO BEACH, FL 32960

Title: D () Delete Title: () Change () Addition

 Name:
 STUBBS, DACE B
 Name:

 Address:
 135 SAGO PALM ROAD
 Address:

 City-St-Zip:
 VERO BEACH, FL 32963
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 SORENSEN, DALE
 Name:

 Address:
 5065 N. HIGHWAY A-1-A
 Address:

 City-St-Zip:
 VERO BEACH, FL 32963
 City-St-Zip:

 $\label{eq:time_def} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Delete} \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

Name:NAEREBOUT, THOMASName:Address:1555 INDIAN RIVER BLVD STE B115Address:City-St-Zip:VERO BEACH, FL 32960City-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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS C NAEREBOUT PRES 02/21/2007