

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004700

FILED
Feb 24, 2007
Secretary of State

Entity Name: HOME WINE AND BEER TRADE ASSOCIATION, INC.

Current Principal Place of Business:

649 TIMBER POND DRIVE
BRANDON, FL 33510 US

New Principal Place of Business:

Current Mailing Address:

649 TIMBER POND DRIVE
BRANDON, FL 33510 US

New Mailing Address:

FEI Number: 59-3307380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERSON, DOLORES
649 TIMBER POND DRIVE
BRANDON, FL 33510 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARTUNG, ALEXIS
Address: 3333 BABCOCK BLVD. STE 2
City-St-Zip: PITTSBURGH, PA 15237

Title: D () Delete
Name: ROBERSON, DOLORES
Address: 649 TIMBER POND DRIVE
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: AULT, RAY
Address: 2990 EAST STREET
City-St-Zip: ANDERSON, CA 96007

Title: D (X) Delete
Name: CHRISTIAN, ENOLA
Address: 2624 S. 112TH ST. #E-1
City-St-Zip: LAKEWOOD, WA 98499

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CHRISTIAN, ENOLA
Address: 2624 S. 112TH ST. #E-1
City-St-Zip: LAKEWOOD, WA 98499

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 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: DOLORES ROBERSON

D

02/24/2007

Electronic Signature of Signing Officer or Director

Date