2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000096264

City-St-Zip:

Entity Name: WINE WAREHOUSE OF ST. PETERSBURG, INC.

FILED Apr 29, 2008 Secretary of State

| Current Principal Place of Business: | | | New Prince | New Principal Place of Business: | | |
|---|--|----------------------------------|---|--|---------------------|--|
| 408 33RD AVENUE NORTH | | | | 5571 4TH STREET NORTH | | |
| UNIT B ST. PETEI | RSBURG, FL | 33704 | ST. PETER | SBURG, FL 33703 | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | |
| | BBS ROAD STINE, FL 32 | 084 | | | | |
| FEI Number | : 02-0639947 | FEI Number Applied For () | FEI Number Not Appl | cable () Certificate of St | atus Desired () | |
| Name and | d Address of (| Current Registered Agent: | Name and | Address of New Registere | d Agent: | |
| | ELINDA BBS ROAD STINE, FL 32 | 084 US | | | | |
| | e named entity e of Florida. | submits this statement for the p | purpose of changing i | s registered office or register | red agent, or both, | |
| SIGNATUI | RE: | | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | | |
| Title: Name: Address: City-St-Zip: | PD (DORN, THOMA 1750 DOBBS I ST AUGUSTIN | ROAD | Title: Name: Address: City-St-Zip: | ()Change ()Addit | ion | |
| Title: Name: Address: City-St-Zip: | VP (DORN, MELIN 1750 DOBBS I ST AUGUSTIN | ROAD | Title: Name: Address: City-St-Zip: | () Change () Addit | ion | |
| Title: Name: Address: City-St-Zip: | (|) Delete | Title: Name: Address: City-St-Zip: | TR () Change (X) Addit KELLER, JANICE 1750 DOBBS ROAD ST AUGUSTINE, FL 32084 US | tion | |
| Title: Name: Address: | (|) Delete | Title: Name: Address: | SEC () Change (X) Addit ALBERDI, TIM 1750 DOBBS ROAD | tion | |

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.

City-St-Zip:

ST AUGUSTINE, FL 32084 US

SIGNATURE: MELINDA DORN VP 04/29/2008