2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P02000096264

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

Current Principal Place of Business:

5571 4TH STREET NORTH
ST. PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

1750 DOBBS ROAD
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 02-0639947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DORN, MELINDA
1750 DOBBS ROAD
ST AUGUSTINE, FL 32084 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DORN, THOMAS C
Address: 1750 DOBBS ROAD
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VP ( ) Delete
Name: DORN, MELINDA
Address: 1750 DOBBS ROAD
City-St-Zip: ST AUGUSTINE, FL 32084

Title: TR ( ) Delete
Name: KELLER, JANICE
Address: 1750 DOBBS ROAD
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: SEC ( ) Delete
Name: ALBERDI, TIM
Address: 1750 DOBBS ROAD
City-St-Zip: ST AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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.

SIGNATURE: MELINDA DORN VP 04/27/2009

Electronic Signature of Signing Officer or Director — Date