

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151820

Entity Name: SONOMA WINE GROUP, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

1290 HIGHWAY A1A
203
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

1290 HIGHWAY A1A
203
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 20-0490694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KRAUSE, KURT W
205 BALLYSHANNON ST #501
MELBOURNE BCH, FL 32951 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: D () Delete
Name: KRAUSE, KURT W
Address: 205 BALLYSHANNON ST #501
City-St-Zip: MELBOURNE BCH, FL 32951

Title: D () Delete
Name: HOULIHAN, JOHN P
Address: 1101 SOUTH 20 STREET
City-St-Zip: COUNCIL BLUFFS, IA 51501

Title: D () Delete
Name: OLSON, STEFANIE
Address: 628 SEAPORT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

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: OLSON, STEFANIE L
Address: 628 SEAPORT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEFANIE L OLSON

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date