2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 08, 2006 8:00 am Secretary of State 05-08-2006 90309 043 ***150.00

Principal Place of Business Address Addr	1. Entity Nam	MENT # P04000 e WINES, INC.	J14/516								
Suite, Apt. 4. etc. Suite, Apt. 4. etc. O4252008 Chg. P CR2E034 (11/05)	2644 S RIVEI	R SHORE DR	2644 S RIVER SHORE	2644 S RIVER SHORE DR			1 (B\$(1881 PI	ESIN PIEK PEM APM APM		D1 2431 1/2/2 A14	580
City & State Country Country E. Refunder 9. Name and Address of Current Registered Agent Name O'CONNOR, CHRISTOPHER 22P Country Screen Address (P.O. Box Number is Not Acceptable) City FL Zip Code FL Zip Cod	2. Principal P	lace of Business	3. Mailing Address								
Zip Country Zip Country Sip Co	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			04252006	Chg-P	CR2E0	34 (11/05)	
B. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address of New Registered Agent City FL Zip Code 8. The above names exists submits friends friends from the purpose of changing its registered office or registered agent or both, in the State of Fronta. I am familiar with, and accept the obligations of spatiages agent. SIGNATURE SIGNATURE SIGNATURE FILE MOWILI FEE IS \$150.00 After May 1, 2006 Fee will be \$359.00 PO OCONNOR, CHRISTOPHER D OFFICERS AND DIRECTORS 11. PO OCONNOR, CHRISTOPHER D OCONNOR, CHRISTOPHE	City & State		City & State	City & State						_ 	
Name Street Andress (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Zip Coun		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
COONNOR, CHRISTOPHER 2644 SRIVER SHORE DR PORT STLUCIE, FL 34884 City FL Zip Code 8. The above named effect submits jhisyfasyment for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of experience agent and present increased in the obligations of experience agent and present increased in the obligations of experience agent and present increased in the obligations of experience agent and present increased in the obligations of experience agent and present increased in the obligations of experience agent and present in the obligations of experience agent and present in the obligations of experience agent and present in the obligations of experience agent, or both, in the State of Florida. I am familiar with, and accept the obligations of experience agent, or both, in the State of Florida. I am familiar with, and accept the obligations of experience agent, or both, in the State of Florida. I am familiar with, and accept the obligations of experience agent, or both, in the State of Florida. I am familiar with, and accept the obligations of experience agent, or both, in the State of Florida. I am familiar with, and accept the obligations of experience agent, or both, in the State of Florida. I am familiar with, and accept the obligations of experience agent, or both, in the State of Florida. I am familiar with, and accept the obligations of experience agent, or both, in the State of Florida. I am familiar with, and accept the obligations of experience agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of the obligation of experience agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of the obligation of experience agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of th		6. Name and Address of C	Current Registered Agent				7. Name and	Address of New F	Registered A	gent	
Sireer Address (P.O. Box Number is Not Acceptable) City FL Zip Code	OLOONING	O CUDICTODUED			Name						
E. The above named of this submits this stayment for the purpose of changing its registered office or registrated agent, or both, in the State of Florida. I ammiliar with, and accept the obligations of sportleted agent. Signature agent of the purpose of changing its registered office or registrated agent, or both, in the State of Florida. I ammiliar with, and accept the obligations of sportleted agent. Or both, in the State of Florida. I ammiliar with, and accept the obligations of sportleted agent. Or both, in the State of Florida. I ammiliar with, and accept the obligations of sportleted agent. Or both, in the State of Florida. I ammiliar with, and accept the obligations of sportleted agent. Or both, in the State of Florida. I ammiliar with, and accept the obligations of sportleted agent. Or both, in the State of Florida. I ammiliar with, and accept the obligations of sportleted agent. Or both, in the State of Florida. I ammiliar with, and accept the obligations of sportleted agent. Or both, in the State of Florida. I ammiliar with, and accept the obligations of sportleted agent. Or both, in the State of Florida. I ammiliar with, and accept the obligations of sportleted agent. Or both, in the State of Florida. I ammiliar with, and accept the obligations of sportleted agent. Or both, in the State of Florida. I ammiliar with, and accept the obligations of sportleted agent. Or both, in the State of Florida. I ammiliar with, and accept the obligations of sportleted agent. Or both, in the State of Florida. I ammiliar with, and accept the obligations of sportleted agent. Or both, in the State of Florida. I ammiliar with, and accept the obligations of sportleted agent. Or both, in the State of Florida. I ammiliar with, and accept the obligations of sportleted agent. Or both, in the State of Florida. I ammiliar with, and accept the obligations. 10.	2644 \$ RIVER SHORE DR			İ	Street Ad	ddress (I	P.O. Box Numb	er is Not Acceptable	e)		
B. The above named shifts submits insufacing from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of populations of popula		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	//	:	City			<u>.</u>		Zin Code	
SIGNATURE Square, typed or prised represed agent and size of applicable. (MOTE: Requestered Agent engrand when renestance) DATE		.11/ 1/11			L						
TILE NOW:: FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing	8. The above the obligat	named entity submits this state ions of reputtered agent.	ment for the purpose of changing i	its registere	ed office or	register	ed agent, or bo	th, in the State of Fl			
After May 1, 2006 Fee will be \$59.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OCCONNOR, CHRISTOPHER D Delete TITLE NAME STREET ADDRESS DIV-ST-2P OCTIV-ST-2P OCT	SIGNATURE.	Signature, typed or printed name of registre	ered agent and tale if applicable. (N	OTE: Registere	d Agent signati.	ure required	when rensuting)		<u>9 - 2</u>	70 - 0E	
TITLE MAME STREET ADDRESS CITY-ST-2P TITLE MAME			.00			\$5 . Add	.00 May Be ed to Fees				
STREET ADDRESS CITY-ST-ZP CITY-ST	10.		RS AND DIRECTORS	11.				CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11
CITY-ST-ZP PORT SAINT LUCIE, FL 34984 CITY-ST-ZP CITY-	NAME	O'CONNOR, CHRISTOPI	HER D	NAM	IF.			nd abu		Change	☐ Addition
TITLE Delete MAME STREET ADDRESS CTY-ST-ZP TITLE MAME STREET ADDRESS CTY-ST-ZP		1									
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME			NAM	E IE	20.	.07 (3			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP											
CITY-ST-ZP TITLE NAME STRIET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP	NAME		☐ Delete	NAM	Œ					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition				CITY	/-ST-ZIP						
CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP	NAME		☐ Defete	NAM	AE					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHAnge Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP								_			
TITLE Delete	NAME		☐ Delete	NAM	Æ					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	1	<u> </u>		CITA	r-ST-ZIP						
	NAME STREET ADDRESS		☐ Delete	NAN Str	AE Eet address					☐ Change	☐ Addition
midibation out time rebots dilbabble to time and and an arrangements and arrangements and arrangements and arrangements are arrangements and arrangements are a		certify that the information supplementa	plied with this filing does not qualify			containe	d in Chapter 11 same legal effe	9, Florida Statutes.	further cer	tify that the is	nformation or director

SIGNATURE: