

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90407 019 ***150.00

DOCUMENT # P04000166188			
1. Entity Name THE WINE PAIRING SHOPPE, INC.			
Principal Place of Business 11 ELAINE MARIE DRIVE HAVERHILL, MA 01830		Mailing Address 11 ELAINE MARIE DRIVE HAVERHILL, MA 01830	
2. Principal Place of Business 4996 Palm Coast Pkwy NW Suite, Apt. #, etc.		3. Mailing Address 4996 Palm Coast Pkwy NW Suite, Apt. #, etc.	
City & State Palm Coast, FL		City & State Palm Coast, FL	
Zip 32137	Country USA	Zip 32137	Country USA
4. FEI Number X 20-2893112		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA INCORPORATORS INC 8875 HIDDEN RIVER PKWY STE 300 TAMPA, FL 33637-2087		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YORK, GARY H 11 ELAINE MARIE DRIVE HAVERHILL, MA 01830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4996 Palm Coast Pkwy NW Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YORK, MARGO H 11 ELAINE MARIE DRIVE HAVERHILL, MA 01830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4996 Palm Coast Pkwy NW Palm Coast, FL 32137
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: 		X 4/11/06 386-599-6393	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	