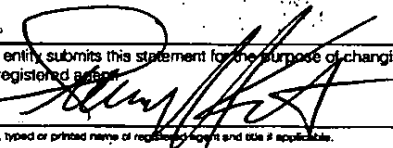
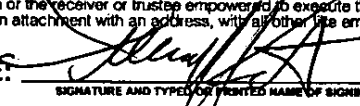


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/2

FILED
Jun 23, 2008 8:00 am
Secretary of State

05-28-2008 90010 005 ***150.00

DOCUMENT # P05000012359 1. Entity Name WINTER PARK WINE ENTERPRISES, INC.		
Principal Place of Business 501 N ORLANDO AVE #325 WINTER PARK, FL 32789	Mailing Address 501 N ORLANDO AVE #325 WINTER PARK, FL 32789	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KARST, CRAIG 501 N ORLANDO AVE #325 WINTER PARK, FL 32789		DO NOT WRITE IN THIS SPACE
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 _____ DATE 4/30/08 (NOTE: Registered Agent signature required when re-registering)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KARST, DENISE M 3304 BEAZER DR OCOE, FL 34761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KARST, CRAIG J 3304 BEAZER DR OCOE, FL 34761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 life empowered.		
SIGNATURE:  CRAIG J. KARST SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/30/08 407 466 1024 Daytime Phone #