

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000109735

Entity Name: ADVINTAGE WINES, INC.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

7575 KINGS POINT PARKWAY SUITE 23
ORLANDO, FL 32819

New Principal Place of Business:

9111 MID PINES COURT
ORLANDO, FL 32819

Current Mailing Address:

7575 KINGS POINT PARKWAY SUITE 23
ORLANDO, FL 32819

New Mailing Address:

9111 MID PINES COURT
ORLANDO, FL 32819

FEI Number: 20-3386417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KALIDAS, VINOD
7575 KINGS POINT PARKWAY SUITE 23
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

KALIDAS, VINOD
9111 MID PINES COURT
ORLANDO, FL 32819 US

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:

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KALIDAS, VINOD
Address: 7575 KINGS POINT PARKWAY SUITE 23
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: KALIDAS, NIRMAKSEE
Address: 7575 KINGS POINT PARKWAY SUITE 23
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: KALIDAS, ARTI
Address: 7575 KINGS POINT PARKWAY SUITE 23
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Delete
Name: STEYN, NICOLAAS
Address: 7575 KINGS POINT PARKWAY SUITE 23
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KALIDAS, VINOD
Address: 9111 MID PINES COURT
City-St-Zip: ORLANDO, FL 32819

Title: DVP (X) Change () Addition
Name: KALIDAS, NIRMAKSEE
Address: 9111 MID PINES COURT
City-St-Zip: ORLANDO, FL 32819

Title: DS (X) Change () Addition
Name: KALIDAS, ARTI
Address: 9111 MID PINES COURT
City-St-Zip: ORLANDO, FL 32819

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

I hereby certify that the information supplied with this filing does not qualify for the 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: VINOD KALIDAS

PD

05/01/2006

Electronic Signature of Signing Officer or Director

Date