2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000122180

City-St-Zip:

FILED Jan 05, 2006 Secretary of State

Entity Name: WINE WAREHOUSE OF PORT ORANGE, INC **Current Principal Place of Business: New Principal Place of Business:** 8278 A1A SOUTH 3450 S RIDGEWOOD AVENUE ST AUGUSTINE, FL 32080 PORT ORANGE, FL 32129 **Current Mailing Address: New Mailing Address:** 8278 A1A SOUTH 1750 DOBBS ROAD ST AUGUSTINE, FL 32080 ST AUGUSTINE, FL 32084 FEI Number: 20-3403659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: DORN, MELINDA P DORN, MELINDA 8278 A1A SOUTH 1750 DOBBS ROAD ST AUGUSTINE, FL 32080 ST AUGUSTINE, FL 32084 US 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: MELINDA DORN 01/05/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition DORN, MELINDA P DORN, MELINDA Name: Name: 8278 A1A SOUTH 1750 DOBBS ROAD Address: Address: City-St-Zip: ST AUGUSTINE, FL 32080 City-St-Zip: ST AUGUSTINE, FL 32084 Title: () Delete Title: VΡ () Change (X) Addition PHILIPSEN, PETER Name: Name: 1750 DOBBS ROAD Address: Address: ST AUGUSTINE, FL 32084 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition Name: PHILIPSEN, SANDY Name: 1750 DOBBS ROAD Address Address:

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.

City-St-Zip:

ST AUGUSTINE, FL 32084

SIGNATURE: MELINDA DORN P 01/05/2006