2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P08000109214

Entity Name: WINEHARVEST, INC

Current Principal Place of Business:

14375 MYERLAKE CIRCLE
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

14375 MYERLAKE CIRCLE
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 26-3891018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, NATALIE P
20711 STERLINGTON DRIVE
LAND O LAKES, FL 34638 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P, C ( ) Delete
Name: APPOLD, RAINER
Address: 20711 STERLINGTON DRIVE
City-St-Zip: LAND O LAKES, FL 34638

Title: CFO ( ) Delete
Name: TOTALCFO, LLC
Address: 20711 STERLINGTON DRIVE
City-St-Zip: LAND O LAKES, FL 34638

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MORRISON, PAUL
Address: 20711 STERLINGTON DRIVE
City-St-Zip: LAND O LAKES, FL 34638

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

I hereby certify that the information supplied with this filing does not qualify 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: PAUL MORRISON P 04/29/2009

Electronic Signature of Signing Officer or Director — Date