


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P16825

1. Entity Name
DUCKHORN WINE COMPANY



Principal Place of Business Mailing Address

1000 LODI LANE **1000 LODI LANE**
ST. HELENA, CA 94574 US **ST. HELENA, CA 94574 US**

DO NOT WRITE IN THIS SPACE



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number 94-2345103	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PREMIER BEVERAGE
8221 EAGLE PALM DR
RIVER VIEW, FL 33509

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000467344
03/23/06 80054-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOG RYAN, ALEX 2220 PALMER DR ST HELENA, CA 94574
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP DUCKHORN, MARGARET 516 MEADOWOOD LANE ST. HELENA, CA 94574
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAMAN, NORMAN 1 INDIAN CK ISL VILLAGE OF INDIAN CREEK, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DUCKHORN, DANIEL J 1865 CABERNET LN ST. HELENA, CA 94574
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DEMERRITT, DOUG 2132 W LINCOLN NAPA, CA 94558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRZYBYLINSKI, PETE 1184 HUDSON STREET ST HELENA, CA 94574

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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: *She Halstead* **RECEIVED** 3/1/06 707-284-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #