


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90372 021 ***150.00

DOCUMENT # P16825 1. Entity Name DUCKHORN WINE COMPANY	
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Principal Place of Business 1000 LODI LANE ST. HELENA CA 94574 US	Mailing Address 1000 LODI LANE ST. HELENA CA 94574 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address P.O. Box 7838 Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Santa Rosa	4. FEI Number 94-2345103	Applied For <input type="checkbox"/> Not Applicable
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Zip 95407	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**PREMIER BEVERAGE
8221 EAGLE PALM DR
RIVER VIEW FL 33509**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	COOG RYAN, ALEX 2220 PALMER DR ST HELENA CA 94574 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	EVP DUCKHORN, MARGARET 516 MEADOWOOD LANE ST. HELENA CA 94574 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BRAMAN, NORMAN 1 INDIAN CK ISL VILLAGE OF INDIAN CREEK FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD DUCKHORN, DANIEL J 1885 CABERNET LN ST. HELENA CA 94574 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CFO DEMERRITT, DOUG 2132 W LINCOLN NAPA CA 94558 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP PRZYBYLINSKI, PETE 1184 HUDSON STREET ST HELENA CA 94574 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employed.

SIGNATURE: *[Signature]* **Ila Halstead** **3/7/07** **707-284-2828**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #