## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P17129

Entity Name: CANNON WINES LIMITED CO.

FILED Feb 28, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 350 SANSOME ST. #800 SAN FRANCISCO, CA 94104 **Current Mailing Address: New Mailing Address:** 350 SANSOME ST. #800 SAN FRANCISCO, CA 94104 FEI Number: 94-2547459 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAPHAM, KEN 2418 MARATHON LANE FT. LAUDERDALE, FL 333124610 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition FORTIN, LAURENT Name: Name: 350 SANSOME STREET, #800 Address: Address: City-St-Zip: SAN FRANCISCO, CA 94104 City-St-Zip: SD Title: Title: () Delete () Change () Addition Name: WONG, AGNES Name: 320 PENINSULA AVE Address: Address: SAN MATEO, CA 94401 City-St-Zip: City-St-Zip: (X) Change ( ) Addition Title: TD ( ) Delete Title: TD MACIA, MARC VINCENT, GOYAT Name: Name: 350 SANSOME STREET, #800 350 SANSOME STREET #800 Address: Address: SAN FRANCISCO, CA 94104 City-St-Zip: SAN FRANCISCO, CA 94104 City-St-Zip: Title: ( ) Delete Title: () Change () Addition HARMEL, LIONEL Name: Name: Address: 350 SANSOME ST #800 Address: City-St-Zip: SAN FRANCISCO, CA 94104 City-St-Zip: Title: Title: () Delete () Change () Addition LECCIA, ANTOINE Name: Name: 350 SANSOME ST. #800 Address: Address: City-St-Zip: SAN FRANCISCO, CA 94104 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition Name: Name: NOUET, OLIVIER 350 SANSOME ST., #800 Address: Address: City-St-Zip: City-St-Zip: SAN FRANCISCO, CA 94104

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: ANDREW B WILE (ATTY-IN-FACT) A 02/28/2008