

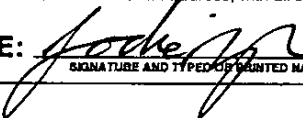


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90382 002 ****61.25

DOCUMENT # P32269 1. Entity Name THE AMERICAN INSTITUTE OF WINE & FOOD, INCORPORATED					
Principal Place of Business 304 W LIBERTY ST 201 LOUISVILLE, KY 40202			Mailing Address 8362 PINE BLVD 247 PEMBROKE PINES, FL 33024		
2. Principal Place of Business 1303 JEFFERSON Suite, Apt. #, etc. SUITE 100-B		3. Mailing Address Suite, Apt. #, etc.			
City & State NAPA, CALIFORNIA		City & State		4. FEI Number 94-2780315	
Zip 94559		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FESTINGER, PHYLLIS 8362 PINE BLVD #247 PEMBROOK PINES, FL 33024				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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: PHYLLIS FESTINGER 4/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINN, GEORGE 304 W LIBERTY ST SUITE 201 LOUISVILLE, KY 40202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETER VENTURA 1303 JEFFERSON SUITE 100-B NAPA, CA 94559	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERK, MICHAEL 304 W LIBERTY ST SUITE 201 LOUISVILLE, KY 40202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR JODIE MORGAN 1303 JEFFERSON, SUITE 100-B NAPA, CA 94559	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HESS, MARY A 304 W LIBERTY ST SUITE 201 LOUISVILLE, KY 40202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEORGE LINN 1303 JEFFERSON SUITE 100-B NAPA, CA 94559	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL BERK 1303 JEFFERSON SUITE 100-B NAPA, CA 94559	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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 617, 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:  JODIE MORGAN 4/21/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					