2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39236

FILED Apr 23, 2007 Secretary of State

Entity Nan	ne: MONERE	Y WINERY, INCORPORATEI)		-		
Current Pi	incipal Place	of Business:	New Prince	New Principal Place of Business:			
	RIS VALLEY RE S, CA 93954)					
Current Mailing Address:			New Maili	New Mailing Address:			
1471 FIRSTOG	T STREET 6A, CA 94515						
FEI Number:	77-0123080	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desir	ed()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:		
PLANTATION	TH PINE ISLAN ON, FL 33324 named entity s		purpose of changing i	ts registered	office or registered agent	, or both,	
SIGNATUF	RE:						
		c Signature of Registered Ag	ent	Date			
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	DCP () TOEPPEN, R. P 13785 VISTA DO SALINAS,, CA S	DRADA	Title: Name: Address: City-St-Zip:	DCP (TOEPPEN, P 13785 VISTA SALINAS,, CA	DORADA		
Title: Name: Address: City-St-Zip:	D () LINDLEY, W.B. 800 SOUTH ALT GONZALES, CA		Title: Name: Address: City-St-Zip:	(()Change ()Addition		

Title: Name:

() Delete JOHNSON, PHILLIP R., Address: 27755 ENCINAL City-St-Zip: SALINAS, CA 93095

Title: (X) Delete

PHELPS, HILLIS Name: 25499 JOHN STEINBECK TRAIL Address:

SALINAS, CA City-St-Zip:

Title: (X) Change () Addition

Name: JOHNSON, PHILLIP R. Address: 27755 ENCINAL City-St-Zip: SALINAS, CA 93095

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: ANDREA L. ANDERSON MS. 04/23/2007