

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39499

FILED
Feb 23, 2009
Secretary of State

Entity Name: MONTINORE VINEYARDS LIMITED INC.

Current Principal Place of Business:

3663 SW DILLEY
FOREST GROVE, OR 97116

New Principal Place of Business:

Current Mailing Address:

P O BOX 490
FOREST GROVE, OR 97116490 US

New Mailing Address:

FEI Number: 93-0902632 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: S () Delete
Name: MARCHESI, KRISTIN
Address: 2808 NE SCHUYLER ST
City-St-Zip: PORTLAND, OR 97212

Title: P () Delete
Name: MARCHESI, RUDOLF C
Address: 3663 SW DILLEY RD
City-St-Zip: FOREST GROVE, OR 97116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RUDOLF C. MARCHESI

PRES

02/23/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date