2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000006696

1. Entity Name
VINTAGE WINE CELLARS, INC.

Principal Place of Business	Mailing Address
3629 HENDERSON BLVD.	3629 HENDERSON BLVD.
TAMPA, FL 33609	TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

01232006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3163929	Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELA, DAVID B
3629 HENDERSON BLVD.
TAMPA, FL 33609

**DO NOT WRITE
IN THIS SPACE**

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 ___JAMES MELA___
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 1/19/06

**FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U00000402562
02/03/06-80013-005 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MELA, DAVID B.
STREET ADDRESS	3629 HENDERSON BLVD.
CITY-ST-ZIP	TAMPA, FL
TITLE	V
NAME	MELA, JAMES
STREET ADDRESS	3629 HENDERSON BLVD
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 1/19/06   Daytime Phone # 813 879 2931