2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000049922

Address:

City-St-Zip:

Entity Name: GREAT HOUSE OF WINE, INC.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10852 SW 188 ST 99198 OVERSEAS HIGHWAY MIAMI, FL 33157 US SUITE 6 KEY LARGO, FL 33037 **Current Mailing Address: New Mailing Address:** PO BOX 523 KEY LARGO, FL 33037 US FEI Number: 65-0759910 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: JAMES S. MATTSON, P.A. 99198 OVERSEAS HWY SUITE 6 KEY LARGO, FL 33037 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: DPST () Delete Title: () Change () Addition Name: MATTSON, JAMES S Name: 99198 OVERSEAS HWY Address: Address: City-St-Zip: KEY LARGO, FL 33037 US City-St-Zip: Title: (X) Delete Title: () Change () Addition OSBORN, JEFFREY Name: Name: 2 THURMOND DR Address: Address: KEY LARGO, FL 33037 US City-St-Zip: City-St-Zip: Title: Title: D (X) Delete () Change () Addition BOE, GLEN Name: Name: 318 STIRRUP KEY BLVD Address: Address: City-St-Zip: MARATHON SHORES, FL 33050 US City-St-Zip: Title: (X) Delete Title: () Change () Addition WATERFORD MANAGEMENT, , INC. Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: JAMES S MATTSON DPST 04/30/2005

1061 COLLIER CENTER WAY, STE 5

NAPLES, FL 34110 US