

**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

03-23-2006 90011 018 ***150.00

DOCUMENT # P98000009954 1. Entity Name BEVERAGE CONSULTANTS U.S.A., INC.	
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Principal Place of Business 2747 GREENUP AVE ASHLAND, KY 41101	Mailing Address 2747 GREENUP AVE ASHLAND, KY 41101
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DO NOT WRITE IN THIS SPACE



02252006 No Chg-P CR2E034 (11/05)

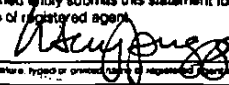
4. FEI Number 31-1588240	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$9.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRENCH, CAMDEN T
1750 RINGLING BOULEVARD
SARASOTA, FL 34238**

**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:  DATE: _____
Signature typed or printed below registered agent's name and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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

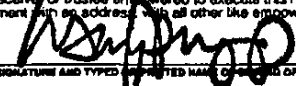
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SPRIGGS, W. GUY 2323 HILLCREST RD ASHLAND, KY 41101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPRIGGS, R. SCOTT 5506 SUR MER DR EL DORADO HILLS, CA 95762
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	

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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:  DATE: _____ Daytime Phone: _____
SIGNATURE AND TYPED NAME OF OFFICER OR DIRECTOR