FILED
Apr 24, 2006 8:00 am
Secretary of State
03-23-2006 90011 018 ***150.00

3

2006 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000009954

1. Entity Name
BEVERAGE CONSULTANTS U.S.A., INC.

Principal Place of Business	Mailing Address
2747 GREENUP AVE ASHLAND, KY 41101	2747 GREENUP AVE ASHLAND, KY 41101

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 ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRENCH, CAMDEN T
1750 RINGLING BOULEVARD
SARASOTA, FL 34236

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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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP
NAME	SPRIGGS, W. GUY
STREET ADDRESS	2323 HILLCREST RD
CITY-ST-ZIP	ASHLAND, KY 41101
TITLE	D
NAME	SPRIGGS, R. SCOTT
STREET ADDRESS	5506 SUR MER DR
CITY-ST-ZIP	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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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 INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #