

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000019927

Entity Name: WINES DEMOLITION INC.

FILED
Mar 14, 2006
Secretary of State

Current Principal Place of Business:

1396 REED CANAL RD.
DAYTONA BEACH, FL 32119

New Principal Place of Business:

1395 REED CANAL RD.
PORT ORANGE, FL 32129

Current Mailing Address:

3495 S. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32119

New Mailing Address:

3495 S. CLYDE MORRIS BLVD.
PORT ORANGE, FL 32129

FEI Number: 59-3012980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WINES, AARON
1396 REED CANAL RD.
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

WINES, VANESSA
13965 REED CANAL RD.
PORT ORANGE, FL 32129 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: VANESSA WINES

03/14/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WINES, AARON
Address: 1395 REED CANAL RD.
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: WINES, LONDON
Address: 1395 REED CANAL RD.
City-St-Zip: PORT ORANGE, FL 32129

Title: V () Delete
Name: WINES, BRANDON
Address: 1395 REED CANAL RD.
City-St-Zip: PORT ORANGE, FL 32129

Title: S (X) Delete
Name: WINES, FRANK
Address: 1395 REED CANAL RD
City-St-Zip: PORT ORANGE, FL 32129

Title: P (X) Delete
Name: WINES, VANESSA
Address: 1395 REED CANAL RD
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WINES, VANESSA
Address: 401 KATHERINE ST
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D (X) Change () Addition
Name: WINES, BRANDON
Address: 575 N SAMSULA DR.
City-St-Zip: NEW SMYRNA, FL 32168

Title: D (X) Change () Addition
Name: WINES, FRANK
Address: 3495 S. CLYDE MORRIS BLVD.
City-St-Zip: PORT ORANGE, FL 32129

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 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: VANESSA WINES

P

03/14/2006

Electronic Signature of Signing Officer or Director

Date