2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000099242

FILED Mar 29, 2004 Secretary of State

Entity Name: WINE WAREHOUSE OF BELLEAIR BLUFFS, INC. **Current Principal Place of Business: New Principal Place of Business:** 125 INDIAN ROCKS ROAD BELLEAIR BLUFFS, FL 33770 **Current Mailing Address: New Mailing Address:** 3624 NW 97 BLVD GAINESVILLE, FL 32606 FEI Number: 59-3608779 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: BRADY, GARRY DORN, MELINDA 125 INDIAN ROCKS ROAD 3624 NW 97TH BLVD BELLEAIR BLUFFS, FL 33770 GAINESVILLE, FL 32606 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: MELINDA DORN 03/29/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BRADY, GARRY L Name: Name: 125 INDIAN ROCKS ROAD Address: Address: City-St-Zip: BELLEAIR BLUFFS, FL 33770 City-St-Zip: Title: Title: () Delete () Change () Addition DORN, THOMAS C Name: Name: 3624 NW 97TH BLVD Address: Address: GAINESVILLE, FL 32606 City-St-Zip: City-St-Zip: Title: Title: D () Delete () Change () Addition ALBERDI, TIM Name: Name: 3112 BAY TO BAY BLVD Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: () Delete Title: MGM () Change (X) Addition DORN, MELINDA Name: Name: Address: Address: 3624 NW 97TH BLVD City-St-Zip: City-St-Zip: GAINESVILLE, FL 32606

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.

SIGNATURE: MELINDA DORN MGM 03/29/2004