

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006736

FILED
Mar 11, 2007
Secretary of State

Entity Name: DAUGHTERS OF DESTINY INC.

Current Principal Place of Business:

402 LARGO VISTA DR
OAKLAND, FL 34787

New Principal Place of Business:

Current Mailing Address:

PO BOX 681868
ORLANDO, FL 32868

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, LORETTA V
402 LARGO VISTA DR.
OAKLAND, FL 34787 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: HARRIS, LORETTA V
Address: 402 LARGO VISTA DR
City-St-Zip: OAKLAND, FL 34787

Title: V () Delete
Name: BROOKS, JAJUAN
Address: 2078 BELAFONTE LANE
City-St-Zip: ORLANDO, FL 32811

Title: T () Delete
Name: THOMAS, CARLA
Address: 5262 N ORANGE BLOSSOM TRAIL #203
City-St-Zip: ORLANDO, FL 32810

Title: S () Delete
Name: GILLENS, SELENA
Address: PO BOX 681868
City-St-Zip: ORLANDO, FL 32868

Title: D () Delete
Name: FELICIANO, CARLOS
Address: 5230 LONG RD #75
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. LORETTA V. HARRIS

CEO

03/11/2007

Electronic Signature of Signing Officer or Director

_____ Date