

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091793

Entity Name: DESTINY LIFE SOLUTIONS, INC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

165 BELLEZZA TERRACE
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

4533 WHITE HORSE DRIVE
BRASELTON, GA 30517

New Mailing Address:

FEI Number: 75-3124649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSDICK, FRANCINE M
165 BELLEZZA TERRACE
ROYAL PALM BEACH, FL 33411 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOSDICK, FRANCINE
Address: 165 BELLEZZA TERRACE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP () Delete
Name: FOSDICK, ALLEN E SR
Address: 4533 WHITE HORSE DRIVE
City-St-Zip: BRASELTON, GA 30517

Title: TR () Delete
Name: OUELLETTE, JEANNINE G
Address: 4533 WHITE HORSE DRIVE
City-St-Zip: BRASELTON, GA 31517

Title: SEC () Delete
Name: JOHNSON, PATRICIA A
Address: 5842 SE WILSIE DR
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FOSDICK, FRANCINE M
Address: 165 BELLEZZA TERRACE
City-St-Zip: ROYAL PALM BEACH, FL 33411

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 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: FRANCINE MARY FOSDICK

PD

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date