

| (Requestor's Name) (Address) (Address) | 800081566578 |
|--|---|
| (City/State/Zip/Phone #) | 11/09/0601040021 **87.50 |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | 6006-4950/ |
| Special Instructions to Filing Officer: 789/2928/6/89/67 7-4 | FILED D6 DEC -5 AM ID: OU SECRE IARY OF STATE SALLAHASSEE, FLORIDA |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: 106 CONTEST (Mark to be registered) |
| The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: **MATHLEW AMBRIDGE** (Name of Person) |
| DESTINATIONS BEAUTY AND RELOCATION SERVICES, INC. |
| 1767 N. CONGRESS AVE (Address) |
| BOYNTON BEACH, FL 33426 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| STACY L. MILLER at (561) 369-1654. (Name of Person) (Area Code & Daytime Telephone Number) |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |



Boynton Beach 1789 N. Congress Ave. Boynton Beach, FL 33426 (561) 369-3757

Boca Raton 152 South Federal Highway Boca Raton, FL 33432 (561) 391-3181

City Place 632 Hibiscus Street West Palm Beach, FL 33401 (561) 805-9611

Jupiter 351 S. US Highway One Suite 101 Jupiter, FL 33477 (561) 745-9677

Wellington 13857 Wellington Trace D-2 Wellington, FL 33414 (561) 868-1800

Corporate Office 1767 N. Congress Ave. Boynton Beach, FL 33426 (561) 369-1654 November 3, 2006

Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Re: Trademark

To Whom It May Concern:

I am sending in an application for a trademark. I spoke with a respresentative in your office and they informed me that the class the trademark falls into is class 36 – Insurance and financial. I am forwarding to you the advertisements for the trademark.

If you have any questions, please feel free to contact me at 561-369-1654.

Kathlein Ambridge

Broker/Owner

Destinatons Realty and Relocation Services, Inc.



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2006

KATHLEIN AMBRIDGE EXIT REALTY 1789 N. CONGRESS AVENUE BOYNTON BEACH, FL 33426

SUBJECT: 10 G CONTEST Ref. Number: W06000049501

We have received your document for 10 G CONTEST and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list a more specific service in #2(a) in Part I of the application.

You have disclaimed a term or terms that do not need to be disclaimed. Please remove the following term(s) from the disclaimer statement: "10 G".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Letter Number: 106A00066414

Nanette Causseaux Document Specialist Supervisor

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

| , PURSUANT TO CH | APTER 495, FLORIDA STATUTES |
|---|---|
| TO: Division of Corporations Post Office Box 6327 | Name & address to whom acknowledgment should be sent: |
| Tallahassee, FL 32314 | DESTINATIONS REALTY AND RELOCATION SERVICES |
| | 1767 N. CONGRESS AUE |
| | BOUNTON BEACH, FL 33426 |
| | Daytime Telephone number |
| | PART I |
| 1. (a) Applicant's name: DESTINATION | NS REALTY AND RELOCATION SERVICES, INC |
| (b) Applicant's business address: 176° | 1 N. CONGRESS AVE |
| Boyn | UTIN FRACH, FL 33426 City/State/Zip |
| If different, Applicant's mailing address: | |
| | |
| | City/State/Zip |
| (c) Applicant's telephone number: (SU) Individual Corporation | |
| General Partnership Limited Pa | |
| If other than an individual, | |
| (1) Florida registration/document number: | 150000 868 61 (2) Domicile State: FORIDA |
| (3) Federal Employer Identification Number: _ | 65-0628508 |
| 2. (a) If the mark to be registered is a service no (i.e., furniture moving services, diaper services, diaper services, diaper services, diaper services. | nark, the services in connection with which the mark is used: ervices, house painting services, etc.) |
| BEAL ESTATE SERVIC | = - Adverting the DG Contest |
| Lor listing Properties & | er Agents - recovery Binus |
| 4 ministrins | |
| (b) If the mark to be registered is a trademar | k, the goods in connection with which the mark is used: |
| (i.e., ladies sportswear, cat food, barbecu | e grills, shoe laces, etc.) |
| | |
| | |
| | |
| (c) The mode or manner in which the mark | is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.) |
| NOUSPAPER APVERTISEM | LEWY, POSTCARD |
| MLS SHEET CADUERTISEN | HENT ON THE WEB D'ATOBASE TO AGENTS) |
| · · · · · · · · · · · · · · · · · · · | (Continued) |
| • | (Commutation) |

| d) The class(es) in which goods or services fall: |
|--|
| · CLASS 36 - Insurance AND FRANCIAL, REAL ESTATE |
| PART II 1. Date first used by the applicant, predecessor, or a related company (must include month, day and year): (a) Date first used anywhere: 623/06 (b) Date first used in Florida: 623/06 |
| PART III 1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.) 1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.) |
| |
| English Translation |
| 2. DISCLAIMER (if applicable) NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " "APART FROM THE MARK AS SHOWN. I, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct |
| Typed or printed name of applicant Applicant SECRETARY Applicant Signature Applicant Signature |
| STATE OF Florida (List name and title) |
| On this 3'd day of November, 2006, Kathlein Ambridge Bersonally |
| appeared before me, who is personally known to me whose identity I proved on the basis of |
| Dandlader |
| (Seal Notary Public State of Florida Darrol Parker My Commission DD388842 Expires 01/23/2009 Notary Public Signature Notary Public Signature Notary Public Signature Notary Public Signature |
| My Commission Expires: |

FEE: \$87.50 per class