


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90014 010 \*\*\*\*61.25

<b>DOCUMENT # N46777</b> 1. Entity Name DESTINY WW, INC.	
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Principal Place of Business 390 NARRAGANSETT ST NE PALM BAY, FL 32907 US	Mailing Address 390 NARRAGANSETT ST NE PALM BAY, FL 32907 US
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24037531

2. Principal Place of Business 3990 Minton Rd Suite, Apt. #, etc.	3. Mailing Address 3990 Minton Rd Suite, Apt. #, etc.
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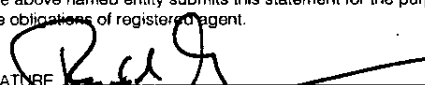
City & State Melbourne FL	City & State Melbourne FL
Zip 32904	Country USA
Zip 32904	Country ---

03292004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3106836	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GALLAGHER, RONALD 390 NARRAGANSETT ST NE PALM BAY, FL 32907	7. Name and Address of New Registered Agent Name Ronald Gallagher Street Address (P.O. Box Number is Not Acceptable) 3990 Minton Road City Melbourne FL Zip Code 32904
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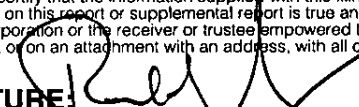
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Ronald Gallagher, Reg. Agent 4/5/04  
(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO GALLAGHER, RONALD 390 NARRAGANSETT STREET NORTHEAST PALM BAY, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CFD Gallagher, Ronald 3990 Minton Rd Melbourne FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLINSKI, LANCE 790 NARRAGANSETT ST. NE PALM BAY, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Olinski, Lance 3990 Minton Rd Palm Bay FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VADNEY, ROBERTA 390 NARRAGANSETT ST. NE. PALM BAY, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vadney, Roberta 3990 Minton Rd. Melbourne FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gallagher, Patricia 3990 Minton Rd Melbourne FL 32904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  Ronald Gallagher CFO 4/5/04 951-7626  
(321)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #