## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Apr 25, 2007 8:00 am Secretary of State **DOCUMENT #746750** 04-25-2007 90190 003 \*\*\*\*61.25 1. Entity Name DESTIN SNOWBIRDS, INC. Principal Place of Business Mailing Address P 0 BOX 1367 P 0 BOX 1367 DESTIN, FL 32540 DESTIN, FL 32541 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-2466105 Not Applicable Żip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SIMS, FORD N 150 GULF SHORE DRIVE UNIT 103 Street Address (P.O. Box Number is Not Acceptable) DESTIN, FL 32541 City Zip Code 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 DATE 9. Election Campaign Financing Make check payable to \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. VD TITLE ☐ Delete TITLE PD ☐ Addition SIMS, FORD N SIMS, FORD N NAME NAME 150 GULF SHORE DR UNIT 103 150 GULF SHORE DR UNIT 103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP DESTIN, FL 32541 TD ☐ Change ☑ Addition TITLE ☐ Defete V D BALLINGER JACK 603 NORTH WATER ST. GOGGINS, HARRY NAME NAME 745 GULF SHORE DR UNIT 9136 STREET ADDRESS STREET ADDRESS SPARTA, WI 54656 CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP VD ☐ Change Addition TITLE M Delete UΥ FERGUSON, GRANT I BRIOLE PATH, RRI HANSEN RICHARD NAME NAME 590 MCLACHLAN PT DR NEGAUNEE LAKE STREET ADDRESS STREET ADDRESS SHANTY BAY, ON, CAN LOL 2LO CITY-ST-ZIP CITY-ST-ZIP EVART, MI 49631 ☐ Change TITLE VĐ ☑ Delete TITLE DD Addition BOYD JEANNE 28 ANTILLES COVE MOORES, JAN NAME NAME STREET ADDRESS 3 CLONSILLA DR STREET ADDRESS MIRAMAR BEACH, FL 32550 RRIBOBCAGEON ONT, CA KOM1A CITY-ST-ZIP CITY-ST-ZIP Change TITLE PD Delete TITLE ☐ Addition WERNER, JAN NAME NAME 426 3 CORVET ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH, FL 32547 CITY-ST-ZIP ☐ Addition SD ☐ Delete TITLE TITLE CRAIG MARGARET DR. CRAIG, MARGARET NAME NAME STREET ADDRESS 2725 LAKESIDE DR STREET ADDRESS CUMBERLAND BEACH, ON, CAN LOKIGO

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(850) 654-7138 changed, or on an attachment with an address, with all other like empowered. FORD N. SIMS SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

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