


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # F80665 1. Entity Name DESTIN TRADING CORPORATION	
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Principal Place of Business C/O WALTER E. BLESSEY, JR. PO BOX 23212 HARAHAN, LA 70183 US	Mailing Address PO BOX 23212 HARAHAN, LA 70183 US
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01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2204357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLESSEY, WALTER E., JR BEACH HIGHLANDS SANTA ROSA BEACH, FL 32459	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000779405 01/11/08-80035-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BLESSEY, WALTER E., JR BEACH HIGHLANDS SANTA ROSA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLESSEY, WALTER E., JR BEACH HIGHLANDS SANTA ROSA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VOSS, PATRICK W 1515 RIVER OAKS RD. E. HARAHAN, LA 70123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUCOTE, AMANDA S 1515 RIVER OAKS RD EAST NEW ORLEANS, LA 70123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 607, 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: Patrick W. Voss **Patrick W. Voss, VP/CFO** **01/07/2008** **(504)734-1156**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #