
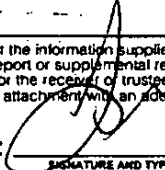


**FILED**  
**Jun 16, 2008 8:00 am**  
**Secretary of State**

06-16-2008 90002 046 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F97000001690</b>		
1. Entity Name DESTIN DIRECTORY, INC.		
Principal Place of Business 4435 CLIPPER COVE DESTIN, FL 32541	Mailing Address 4435 CLIPPER COVE DESTIN, FL 32541	
<b>DO NOT WRITE IN THIS SPACE</b>		
8. Name and Address of Current Registered Agent  SCHEYD, JOSEPH M JR 1221 AIRPORT RD SUITE 209 DESTIN, FL 32541		<b>DO NOT WRITE IN THIS SPACE</b>
9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAM, TERESA 4435 CLIPPER COVE DESTIN, FL 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		4-23-08 850-654-6281 Date Daytime Phone if

**60044555**



04122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3319154	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	