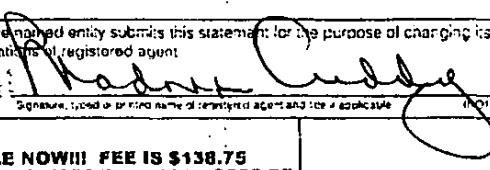
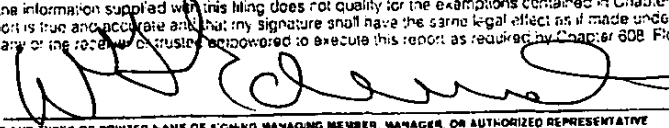


FILED
Mar 31, 2008 8:00 am
Secretary of State

02-27-2008 90074 029 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M07000005659			
1. Entry Name DESTINY INDUSTRIES, LLC			
Principal Place of Business 250 RW BRYANT ROAD MOULTRIE, GA 31788		Mailing Address 250 RW BRYANT ROAD MOULTRIE, GA 31788	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 2947	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Moultrie GA	
Zip	Country	Zip	Country
		31776	USA
4. FEI Number 59-3765697		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, registered agent. SIGNATURE:  Madonna Cuddihy Special Assistant Secretary DATE: 2/21/08			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR EDWARDS, WILLIAM G P.O. BOX 2947 MOULTRIE, GA 31776 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR EDWARDS, DONALD L P.O. BOX 2947 MOULTRIE, GA 31776 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the person or persons authorized to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:  William G. Edwards 3/12/08 229 985 6200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			