2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2009
Secretary of State

DOCUMENT# N02000004982

Entity Name: DESTINATION DESTINY INTERNATIONAL, INC.

Current Principal Place of Business:

6285 SE 118 PLACE
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1676
BELLEVIEW, FL 34421

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EVANS, RONALD L
10590 SE 73 TER.
BELLEVIEW, FL 34420 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VANKOEVERING, JOE
Address: 4355 CENTRAL AVE.
City-St-Zip: ST PETERSBURG, FL 33713

Title: D ( ) Delete
Name: RAMBISOON, AMAR
Address: 8825 AD MIMS RD
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete
Name: MATTHEWS, JONATHAN
Address: 2541 54 AVE S
City-St-Zip: ST PETERSBURG, FL 33701

Title: P ( ) Delete
Name: EVANS, RONALD L
Address: 10590 SE 73 TER.
City-St-Zip: BELLEVIEW, FL 34420

Title: V ( ) Delete
Name: EVANS, JULIE A
Address: 10590 SE 73 TER.
City-St-Zip: BELLEVIEW, FL 34420

Title: ST ( ) Delete
Name: KING, POLLY A
Address: 312 S 61 AVE
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD L. EVANS DIR 05/19/2009
Electronic Signature of Signing Officer or Director — Date