

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006517

FILED
Mar 25, 2009
Secretary of State

Entity Name: PROJECT DESTINY II, INC.

Current Principal Place of Business:

1929 WEST FALL DR.
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

P O BOX 780611
ORLANDO, FL 32878

New Mailing Address:

FEI Number: 55-0791835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESTER, LARRY
12344 SHADOWBROOK LANE
ORLANDO, FL 32828 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: P () Delete
Name: CHESTER, LARRY BISHOP
Address: 12344 SHADOWBROOK LANE
City-St-Zip: ORLANDO, FL 32828

Title: S () Delete
Name: SANTIAGO, KAREN
Address: 11025 DAWNVIEW LANE
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: FORD, VERNON
Address: 1121 MERRITT STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Delete
Name: MARTIN, NIKITRA
Address: 182 MAGNOLIA PARK TRAIL
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: CHESTER, LEONARD
Address: 407 POPPY LN
City-St-Zip: INVERNESS, FL 34452

Title: D () Delete
Name: FLORENCE, ARTHUR
Address: 36909 FORESTDEL DR
City-St-Zip: EUSTIS, FL 32736

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: VP (X) Change () Addition
Name: CHESTER, AMANDA
Address: 351 GOLDEN DEWDROP WAY
City-St-Zip: OVIEDO, FL 32765

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: KAREN SANTIAGO

SEC

03/25/2009

Electronic Signature of Signing Officer or Director

Date