2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007211

Entity Name: DESTIN HOUSE, INC.

FILED May 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 814 FORREST DRIVE DESTIN, FL 32541 **Current Mailing Address: New Mailing Address:** PO BOX 5094 DESTIN, FL 32541 FEI Number: 02-0653373 FEI Number Applied For () FEI Number Not Applicable () 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: Name and Address of New Registered Agent: OGLE, JERRY OGLE, JERRY 110 MARLER STREET 814 FÓRREST DR DESTIN, FL 32541 US DESTIN, FL 32541 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: 05/27/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete OGLE, JERRY Name: Name: Address: 155 PARADISE POINT ROAD Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: Title: Title: () Delete () Change () Addition KUMMER, PAUL Name: Name: Address: 4566 KNOLLWOOD LANE Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: Title: () Delete Title: () Change () Addition PARKS, JUDY Name: Name: 763 VINTAGE CIRCLE Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: () Delete Title: () Change () Addition BRECHIN, JAMES M Name: Name: 4300 COMMONS DRIVE W. Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: Title: () Delete () Change () Addition JOHNSON, LOIS Name: Name: 30 OLD FERRY ROAD Address: Address: City-St-Zip: SHALIMAR, FL 32579 City-St-Zip: Title: () Delete Title: (X) Change () Addition MCNEIL, BEVERLY OGLE, CLAIRE Name: Name: Address: 4302 OLD PLANTATION PLACE Address: 155 PARADISE POINT DR. SANTA ROSA BEACH, FL 32459 DESTIN, FL 32541 City-St-Zip: 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: JERRY OGLE D-P 05/27/2007