

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N03000010758

1. Entity Name
DESTINATION DESTINY, INC.



Principal Place of Business
17623 HOMESTEAD AVE
MIAMI, FL 33157

Mailing Address
17623 HOMESTEAD AVE
MIAMI, FL 33157

2. Principal Place of Business
2457 COUNTRY Wind CT
Suite, Apt. #, etc.

3. Mailing Address
2457 COUNTRY Wind CT
Suite, Apt. #, etc.

City & State
APOPKA FL
Zip 32703

City & State
APOPKA FL
Zip 32703

Country ORANGE

6. Name and Address of Current Registered Agent

GILBERT, LORELLA M
9846 SW 221ST ST
MIAMI, FL 33190

Name

Street Address (P.O. Box Number is Not Acceptable)

2457 COUNTRY Wind Court
City APOPKA FL Zip Code 32703

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, CASSANDRA 17623 HOMESTEAD AVE MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERS, JERALDINE 17623 HOMESTEAD AVE MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RIVERS, GERALDINE 2643 WATERVIEW DRIVE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMYKE, JIMEEN 17623 HOMESTEAD AVE MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SMYKE, JIMEEN 9846 SW 221 STREET MIAMI, FL 33190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILBERT, LORELLA 9846 SW 221ST ST MIAMI, FL 33190F	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition GILBERT, LORELLA 2457 COUNTRY WIND COURT APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GILBERT, JARED 9846 SW 221ST ST MIAMI, FL 33190F	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. GILBERT, TARAD 9846 SW 221ST ST MIAMI, FL 33190F	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *Lorella M. Gilbert* LORELLA M. GILBERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

467
Sep. 2, 2004

Date

886-5980
Daytime Phone #