


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90122 006 \*\*\*\*70.00

<b>DOCUMENT # N03000010758</b>	
1. Entity Name <b>DESTINATION DESTINY, INC.</b>	

Principal Place of Business <b>17623 HOMESTEAD AVE MIAMI, FL 33157</b>	Mailing Address <b>17623 HOMESTEAD AVE MIAMI, FL 33157</b>
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**24083645**



2. Principal Place of Business <b>2457 COUNTRYWIND CT</b> Suite, Apt. #, etc.	3. Mailing Address <b>2457 COUNTRYWIND CT.</b> Suite, Apt. #, etc.
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09022004 Chg-NP CR2E037 (10/03)

City & State <b>APOPKA FL</b>	City & State <b>APOPKA FL</b>
Zip <b>32703</b>	Country <b>ORANGE</b>
Zip <b>32703</b>	Country <b>ORANGE</b>

4. FEI Number <b>N/A</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>GILBERT, LORELLA M 9846 SW 221ST ST MIAMI, FL 33190</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2457 COUNTRYWIND COURT</b> City <b>APOPKA</b> FL Zip Code <b>32703</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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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	D RIVERS, GERALDINE 2643 WATERVIEW DRIVE EUSTIS, FL 32726 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	D SMYKE, JIMEEN 9846 SW 221 STREET MIAMI, FL 33190 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	P GILBERT, LORELLA 2457 COUNTRYWIND COURT APOPKA, FL 32703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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** Sep 2, 2004 407 886-5980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #