

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003576

FILED
May 08, 2008
Secretary of State

Entity Name: DESTINY DAUGHTERS, INC.

Current Principal Place of Business:

450 E DAYTON CIR
FT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

450 E DAYTON CIR
FT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 56-2446844 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:

EDWARDS, HELEN T
450 E DAYTON CIR
FT LAUDERDALE, FL 33312 US

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: EDWARDS, HELEN T
Address: 450 E DAYTON CIR
City-St-Zip: FT LAUDERDALE, FL 33312

Title: V () Delete
Name: EDWARDS, LOWELL
Address: 450 E DAYTON CIR
City-St-Zip: FT LAUDERDALE, FL 33312

Title: S () Delete
Name: PERKINS, DAWN E
Address: 2871 NW 25TH ST
City-St-Zip: FT LAUDERDALE, FL 33311

Title: T () Delete
Name: TAYLOR, CATHERINE
Address: 2871 NW 25TH ST
City-St-Zip: FT LAUDERDALE, FL 33311

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:

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: HELEN T. EDWARDS

PD

05/08/2008

Electronic Signature of Signing Officer or Director

Date