2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007569

6063 ST ALBAN RD

PENSACOLA, FL 32503

Address: City-St-Zip:

Entity Name: DISCOVERIES OF DESTINY INC

FILED Apr 27, 2007 Secretary of State

Entity Na	me: DISCOVE	RIES OF DESTINY, INC			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	IUS STREET A, FL 34232	US			
Current N	lailing Addres	s:	New Mailing Addres	New Mailing Address:	
	US STREET A, FL 34232	US			
FEI Number	: 20-2475708	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	l Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
	I. D. IUS STREET A, FL 34232	US			
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
		ic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () GRUSH, J. D. 4911 CAMUS S SARASOTA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () GRUSH, JUDY 4911 CAMUS S SARASOTA, FL	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DIRKS, MARILY 4419 PIKE AVE SARASOTA, FL	NUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () RAMOS, JESSI 3711 COLORAI SARASOTA, FL	DO ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () SHEFFERD, LA	Delete RRY E	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: J.D. GRUSH PRES 04/27/2007