
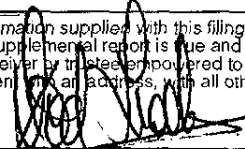


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N41092			
1. Entity Name DESTINATION PALM BEACH, INC.			
Principal Place of Business 1392 NORTH KILLIAN DRIVE SUITE 201 LAKE PARK FL 33403 US		Mailing Address 1392 NORTH KILLIAN DRIVE SUITE 201 LAKE PARK FL 33403 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SEMADENI, DAVID 1392 NORTH KILLIAN DRIVE SUITE 201 LAKE PARK FL 33403		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 65-0236177 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
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 _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMADENI, DAVID	NAME	U00000288521
STREET ADDRESS	1392 NORTH KILLIAN DRIVE	STREET ADDRESS	04/05/05-80014-006 70.00
CITY-ST-ZIP	LAKE PARK FL 33403	CITY-ST-ZIP	
TITLE	VDS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUS, JOHN	NAME	
STREET ADDRESS	312 WORTH AVE.	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEIL, MANNY	NAME	
STREET ADDRESS	301 AUSTRALIAN AVE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCALLISTER, LARRY	NAME	
STREET ADDRESS	21 ROYAL POINCIANA WAY	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 to an address, with all other like empowered.			
SIGNATURE: 		DATE: 4/1/05 (561) 882-9813	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



1st MOORE CR2E037 (10/04)