2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2007 8:00 am Secretary of State

| SIGN ANTON RD. SIGN ANTON RD. SIGN ANTON RD. SUID. April 4, retc. SUID. April 4, ret | DOCUMENT # N46777 1. Entity Name DESTINY WW, INC. | | | | | | | | | | _ | 48 029 ***1: | | |
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| Suite, Apt. e. etc. Suite, Apt. e. etc. Suite. Apt. e. etc. City & State City & State A. FEI Number SS-3106836* Applicable For Nava Applicable For SS-3106836* Applicable For Nava Applicable For N | 3990 MINTON RD. 399 | | | 3990 | 3990 MINTON RD. | | | | ereis etta cesti ra | 7211 IDE1 B1211 B12 | 14 872% B121) B1271 B12 | eniës da liebe | | |
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| Sp. Country Zip Country Zip Country Sp. Certificate of Status Desired St. Certificate of Status Desired Agent St. Certificate of Status Desired Agent St. Certificate Office of New Registered Agent St. Certific | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | - | 01272007 | Chg-NP | CR2 | E037 (12/06). | | |
| S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent Nore Street Address (P.O. Bax Number a Not Acceptable) File Zip Code City File Zip Code City File Zip Code City File See Sefficient agent, or both, in the State of Florida. I am familiar with, and occept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and occept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and occept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and occept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and occept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and occept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and occept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and occept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and occept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and occept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and occept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and occept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and occept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and occept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and occept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and occept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and occept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and occept the obligation | City & State | | | City & State | | | | | | | | <u> </u> | · | |
| ABALLAGHER, RONALD 3990 MINTON RD. The above named entity automits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent. SIGNATURE TILE TILE TILE TILE TILE MARE SIREH ADDRESS OCHY-51-79* TILE MARE SIREH ADDRESS OCHY-5 | Zip | Zip Country | | Zip | Zip C | | intry | Fee Requ | | | | | | |
| SIGNATURE City FL Zip Code | 6. Name and Address of Current Registered Agent | | | | | | <u> </u> | | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent. SIGNATURE Signature Syndam, typest or present name of impatients agent and the 1 agenticate. (NOTE, Registered Agent alignature required when remasking) DATE | | | | | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| B. 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 | | | | | | | - - | | | | · · · | | | |
| THE OUNSKI, LANCE STREET ADDRESS CITY-ST-7P MELBOURNE, FL 32904 TITLE DUNSKI, LANCE STREET ADDRESS CITY-ST-7P MELBOURNE, FL 32904 TITLE NAME STREET ADDRESS CITY-ST-7P MAKE STREET ADD | | | | | | City FL Zip Code | | | | | | | | |
| Superior Prime a rame of ingeneral agent of the 1 applicable NOPTE Registered Appent signature included when interestating) S.5.00 May Big Added to Fees Marke check payable to Findful Department of States | | 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 | | | | | | | | | | | | |
| Signature Highest or primed name of ingenerod agent and late of lacyclastic (MOTE. Registered Agent signature inquired depend in remotatory) S.5.00 May Be Added to Fees Make check payable to Findful Department of State | | | | | | | | | | | | | | |
| ### Due by Many 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE DATE GALLAGHER, RONALD 3990 MINTON RD. MELBOURNE, FL 32904 MELBOURNE | SIGNATURE | Signature, typed or print | ed name of registered agent | and title II appl | icable. (NOT | E. Registere | d Agent zigna | ture required | when reinstating) | | DA | TE | | |
| ITILE DPTS Delete MAKE GALLAGHER, RONALD STREET ADDRESS STREET ADDRESS GITY-ST-ZP TITLE DUNSKI, LANCE STREET ADDRESS S | | | | | | | | 0 | 40,00 (00) 00 (| | | | | |
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| | STREET ADDRESS | | | | | STRE | ET ADDRESS | | | | | | | |

2. Thereby certify that the information supplied with this titing does not quality for the exemptions contained 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 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 propowered 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:

NATURE AND TO ED OR PROFESSION NAME OF SIGNING OFFICER OR DIRECT

2/107 321-551-762