2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000056444

Entity Name: DESTINATIONS TO EXPLORE, INC.

FILED Apr 28, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

45 SAILFISH DR 17 SAILFISH DR

PONTE VEDRA BEACH, FL 32082 US PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address: New Mailing Address:

45 SAILFISH DR 17 SAILFISH DR

PONTE VEDRA BEACH, FL 32082 US PONTE VEDRA BEACH, FL 32082 US

FEI Number: 59-3656741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, TIMOTHY JAMES

JONES, TIMOTHY JAMES

45 SAILFISH DR 17 SAILFISH DR

PONTE VEDRA BEACH, FL 32082 US PONTE VEDRA BEACH, FL 32082 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: TIMOTHY JONES 04/28/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

P () Delete Title: P (X) Change () Addition

Name: JONES, TIMOTHY JAMES
Address: 45 SAILFISH DR

Name: JONES, TIMOTHY JAMES
Address: 17 SAILFISH DR

City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P () Delete Title: P (X) Change () Addition

 Name:
 JONES, ALLISON C
 Name:
 JONES, ALLISON C

 Address:
 45 SAILFISH DR
 Address:
 17 SAILFISH DR

City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY JONES P 04/28/2006