

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000061642</b>		
1. Entity Name DESTIN RESTAURANT GROUP, INC.		
Principal Place of Business 1217 AIRPORT RD STE 419 DESTIN, FL 32541	Mailing Address 1217 AIRPORT RD STE 419 DESTIN, FL 32541	
<b>DO NOT WRITE IN THIS SPACE</b>		
		03292006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3655188
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  PHILLIPS, RUPERT E 1217 AIRPORT RD STE 419 DESTIN, FL 32541		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		2. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		000000535657 05/08/06-80063-004 150.00
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, RUPERT E 1217 AIRPORT ROAD DESTIN, FL 32541	
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12. I hereby certify that the information supplied with this filing does not qualify 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 empowered to execute this report as required by Chapter 607, 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: <u>RUPERT E. PHILLIPS</u> 4/6/06 850-650-5241		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		