2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 05, 2008 8:00 am Secretary of State DOCUMENT # P01000004707 1. Entity Name 02-05-2008 90007 048 ***150.00 DESTINY HOLDING, INC. Principal Place of Business Mailing Address 121 WINDSOR ROAD EAST 121 WINDSOR ROAD EAST JUPITER FL 33469 JUPITER FL 33469 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 15 Palmetto Way 15 Palmetto Way Suite, Apt. #. etc. 1st MOORE CR2E034 (10/07) 4. FEI Number Applied For 65-1071083 eguesta Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Gwattin, Carol E Street Address (P.G. Box Number is Not Acceptable) Carol B GWATKIN, CAROL B 121 WINDSOR ROAD EAST JUPITER FL 33469 15 Palmetto Way 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. registered abort and the Tappi sasie. (NOTE: Registered Appril algorithm required when reinstallings FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPST ✓ Change Delete TITLE ☐ Addition GWATKIN, LEE A MAME address NAME 15 Palmetto Way Tequista FL 33469 STREET ADDRESS 121 WINDSOR ROAD EAST STREET ADORESS JUPITER FL 33469 CITY-ST-ZIP TITLE ☐ Delete TITLE M Change ☐ Addition GWATKIN, CAROL B NAME address STREET ADDRESS 121 WINDSOR ROAD EAST STREET ADDRESS CITY-ST-ZIP JUPITER FL 33469 CITY - ST - ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP TITLE ☐ Delete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME DAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 attachnient with an address, with all other like empowered.

Carol B Gwattin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED