2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000060521

Entity Name: DESTINATION MCO INC.

FILED Jun 14, 2007 Secretary of State

Current Principal Place of Business: New Principal Place	of Business:
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3530 MAPLE RIDGE LOOP 11025 INTERNATIONAL DRIVE, SUITE A KISSIMMEE, FL 34741 ORLANDO, FL 32821

Current Mailing Address: New Mailing Address:

PO BOX 22581 PO BOX 22581

LAKE BUENA VISTA, FL 32830 LAKE BUENA, FL 32830

FEI Number: 59-3718991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ELOTMANI, NOUREDDINE ELOTMANI, NOUREDDINE 11025 INTÉRNATIONAL DRIVE, SUITE A 3530 MAPLE RIDGE LOOP KISSIMMEE, FL 34741 ORLANDO, FL 32821 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: 06/14/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition Title: MD

ELOTMANI, NOUR Name: Name: P. O. BOX 22581 Address: Address: City-St-Zip: LAKE BUENA VISTA, FL 32830 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Ρ SIGNATURE: NOUR ELOTMANI 06/14/2007