

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099559

FILED
Jan 06, 2004
Secretary of State

Entity Name: DESTINATION REWARDS, INC.

Current Principal Place of Business:

2160 W. ATLANTIC AVE.
102
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

2160 W. ATLANTIC AVE.
102
DELRAY BEACH, FL 33445

New Mailing Address:

621 NW 53RD ST
385
BOCA RATON, FL 33487 US

FEI Number: 06-1650444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAIRE, ROBERT I
5295 TOWN CENTER ROAD
SUITE 301
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

SHAW, DAVID W
621 NW 53RD ST
SUITE 385
BOCA RATON, FL 33487 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: DAVID SHAW

01/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SHAW, DAVID
Address: 2000 W. COMMERCIAL BLVD. SUITE 133
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: VD () Delete
Name: SCHROEDER, CHRIS
Address: 2000 W. COMMERCIAL BLVD. SUITE 133
City-St-Zip: FT. LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: SHAW, DAVID
Address: 621 NW 53RD ST
City-St-Zip: BOCA RATON, FL 33487 US

Title: DR (X) Change () Addition
Name: ARSCOTT, CHERYL
Address: 5601 POWERLINE RD
City-St-Zip: FT. LAUDERDALE, FL 33309 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID SHAW

DR

01/06/2004

Electronic Signature of Signing Officer or Director

Date