2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000001575

ANDERSON, THOMAS M

MIAMI, FL 33158

14704 S.W. 83RD COURT

Name:

Address: City-St-Zip:

Entity Name: DESTINATION FLORIDA-NEW ENGLAND, INC.

FILED Jul 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1428 BRICKELL AVE SUITE 101 MIAMI, FL 33131 **New Mailing Address: Current Mailing Address:** 1428 BRICKELL AVE SUITE 101 MIAMI, FL 33131 FEI Number: 57-1146585 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: ATKINSON, DINER, STONE, MANKUTA & PLOUCHA, ATKINSON, DINER, STONE, MANKUTA & PLOUCHA, 100 S.E. THIRD AVENUE, SUITE 1400 FT LAUDERDALE, FLORÍDA, FL 33394 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: 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: Title: () Delete () Change () Addition SPENCER, KRISTINA Name: Name: 1 CENTURY LANE, APT 408 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MATTE, PAUL Name: 1 CENTURY LANE, APT 408 Address: Address: MIAMI BEACH, FL 33139 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KRISTINA SPENCER MS. 07/24/2007