



FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000087280 1. Entity Name DESTIN GLOBAL, INC.				Apr 17, 2006 08:00 A Secretary of State	
Principal Place of Business PO BOX 50033 SARASOTA, FL 34232-0300		Mailing Address PO BOX 50033 SARASOTA, FL 34232-0300			
DO NOT WRITE IN THIS SPACE				01092008 No Chg-P CR2E034 (11/05)	
				4. FEI Number 90-0102509	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SWEENEY, KAREN 7410 FAIRLINKS COURT SARASOTA, FL 34243				DO NOT WRITE IN THIS SPACE	
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 <u><i>Karen P Sweeney</i></u> (NOTE: Registered Agent signature required when re-registering) DATE <u>4-10-06</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE	
TITLE	D				
NAME	SWEENEY, KAREN P				
STREET ADDRESS	7410 FAIRLINKS COURT				
CITY-ST-ZIP	SARASOTA, FL 34243				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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><i>Karen P Sweeney</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>4-10-06</u> Daytime Phone #	