2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # P04000010939 N T & T DESTINATION SERVICES, INC. Principal Place of Business Mailing Address 1010 6TH AVENUE SOUTH 1010 6TH AVENUE SOUTH NAPLES, FL 34102 NAPLES, FL 34102 01052006 No Cha-P CR2E034 /11/051 DO NOT WRITE IN THIS SPACE 4. FEI Number 20-2458607 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, RANDALL DO NOT WRITE 9120 THE LANE NAPLES, FL 34109 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. INDTE Registered Agent signature required when reinstainful Stonature, typed or printed name of redistreted agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May 8e FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SMITH, RANDALL R NAME 1010 8TH AVENUE SOUTH STREET ADDRESS NAPLES, FL 34102 CITY-ST-ZIP U00000499939 04/25/06 80001-022 150.00 NAME STREET ADDRESS CATY-ST-ZIP TATLE NAME STREET ADDRESS DO NOT WRITE CKTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS C/17Y-ST-2(P TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 propert as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an ettachment with an address, with all other like empowered.

SIGNATURE:

NAME. STREET ADDRESS CITY-ST-ZIP UILE NAME STREET ADDRESS

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED