2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018012

Entity Name: DESTINY PROCESSING SERVICES INC.

FILED Mar 16, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2435 US HWY 19 6709 RIDGE ROAD SUITE 330 SUITE 101

HOLIDAY, FL 34691 PORT RICHEY, FL 34668

Current Mailing Address: New Mailing Address:

2435 US HWY 19 6709 RIDGE ROAD

SUITE 330 SUITE 101 HOLIDAY, FL 34691

PORT RICHEY, FL 34668

FEI Number: 20-0688596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TIRADO, MARY TIRADO, MARY E 2435 US HWY 19 6709 RIDGE ROAD

SUITE 330 SUITE 101

HOLIDAY, FL 34691 US PORT RICHEY, FL 34668 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: MARY E TIRADO 03/16/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

TIRADO, MARY TIRADO, MARY E Name: Name: 6131 BAYSIDE DRIVE Address: 6131 BAYSIDE DRIVE Address: City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: NEW PORT RICHEY, FL 34652

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 Statutés. 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: MARY E TIRADO 03/16/2005