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Secretary of State
03-12-2007 90359 038 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

40033713

02012007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000019144

1. Entity Name
ECLECTIC IMPORTS OF DESTIN, INC.

Principal Place of Business	Mailing Address
220 HIGHWAY 98 EAST DESTIN, FL 32541 US	513 FALLIN WATERS DRIVE MARY ESTHER, FL 32569 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
90 Mary Esther Blvd	90 Mary Esther Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Mary Esther FL	City & State: Mary Esther FL
Zip: 32569 Country: US	Zip: 32569 Country: US

4. FEI Number: 20-2363328 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BONDI, TERRI D
513 FALLIN WATERS DRIVE
MARY ESTHER, FL 32569

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 x [signature] x President 3-9-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	BONDI, TERRI D	
STREET ADDRESS	513 FALLIN WATERS DRIVE	
CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	P D	☐ Delete
NAME	BONDI, BENJAMIN A	
STREET ADDRESS	513 FALLEN WATERS DR	
CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	☒ Change ☐ Addition
NAME	Bondi, Benjamin	
STREET ADDRESS	513 Fallin Waters DR	
CITY-ST-ZIP	Mary Esther FL 32569	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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 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 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: x [signature] x President x 3-9-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #