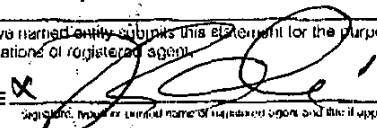
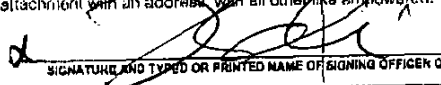


FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90359 038 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000019144			
1. Entity Name ECLECTIC IMPORTS OF DESTIN, INC.			
Principal Place of Business 220 HIGHWAY 98 EAST DESTIN, FL 32541 US		Mailing Address 513 FALLIN WATERS DRIVE MARY ESTHER, FL 32569 US	
2. Principal Place of Business - No P.O. Box # 90 Mary Esther Blvd		3. Mailing Address 90 Mary Esther Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Mary Esther FL		City & State Mary Esther FL	
Zip 32569		Zip 32569	
Country US		Country US	
4. FEI Number 20-2363326		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 President + 3-9-07 Signed, named or printed name of registered agent and date if applicable. (NOT: Registered Agent signature required when not signing)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P BONDI, TERRI D 513 FALLIN WATERS DRIVE MARY ESTHER, FL 32569		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P BONDI, BENJAMIN A 513 FALLIN WATERS DR MARY ESTHER, FL 32569		TITLE NAME STREET ADDRESS CITY-ST-ZIP VP Bondi, Benjamin 513 Fallin Waters DR Mary Esther, FL 32569 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 139, 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 President + 3-9-07		Date Signature Printed	

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02012007 Chg-P CR2E034 (12/06)