2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000154754

Entity Name: DESTINS CONDO QUEEN & THE STARLING TEAM, INC.

FILED Apr 23, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
151 REGIOI SUITE 4A DESTIN, FL				TON CIRCLE E, FL 32578		
Current Ma	iling Addres	ss:	New Mailii	ling Address:		
151 REGIOI SUITE 4A DESTIN, FL			4421 COMI #202 DESTIN, FI	MMONS DRIVE E FL 32541 34		
FEI Number: (03-0574992	FEI Number Applied For () FEI	Number Not Appli	plicable () Certificate of Status Desired (X)		
Name and	Address of C	Current Registered Agent:	Name and	d Address of New Registered Agent:		
SUITE 4A DESTIN, FL	NS WAY STE . 32541 US		NICEVILLE	TON CIRCLE E, FL 32578 US		
in the State		submits this statement for the purpos	se or changing it	its registered office or registered agent, or both,		
SIGNATUR	E:			04/23/2008		
	Electror	nic Signature of Registered Agent		Date		
Election Cam	paign Financin	g Trust Fund Contribution ().				
OFFICERS	AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	S :	
	STARLING, TIN 151 REGIONS DESTIN, FL 32	WAY STE 4	Title: Name: Address: City-St-Zip: Title:	VP/D (X) Change () Addition		
Name: Address: City-St-Zip:	STARLING, THI 151 REGIONS DESTIN, FL 32		Name: Address: City-St-Zip:	STARLING, THEODORE R JR. 53 HAMPTON CIRLCE NICEVILLE, FL 32578		
Title: Name: Address: City-St-Zip:	T () STARLING, TIN 151 REGIONS DESTIN, FL 32	WAY STE 4	Title: Name: Address: City-St-Zip:	T (X) Change () Addition STARLING, TINA M 53 HAMPTON CIRCLE NICEVILLE, FL 32578		
Title: Name: Address: City-St-Zip:	S () STARLING, THI 151 REGIONS DESTIN, FL 32	EODORE R JR. WAY STE 4	Title: Name: Address: City-St-Zip:	SI (X) Change () Addition STARLING, THEODORE R JR. 53 HAMPTON CIRCLE NICEVILLE, FL 32578		
Title: Name: Address: City-St-Zip:	P/D (X BECK, RONALI 151 REGIONS DESTIN, FL 32	WAY STE 4	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VP/D (X ELENBURG, G 151 REGIONS DESTIN, FL 32	WAY STE 4A	Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: TINA M STARLING P 04/23/2008