

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90093 017 \*\*\*158.75

<b>DOCUMENT # P06000101126</b> 1. Entity Name DESTINY WELLNESS CENTERS, INC.			
Principal Place of Business 601 N. CONGRESS AVENUE SUITE #425 DELRAY BEACH, FL 33445		Mailing Address 601 N. CONGRESS AVENUE SUITE #425 DELRAY BEACH, FL 33445	
2. Principal Place of Business - No P.O. Box # <i>141 NW 20 ST</i> Suite, Apt. #, etc. <i>H-1</i>		3. Mailing Address <i>141 NW 20 ST</i> Suite, Apt. #, etc. <i>H-1</i>	
City & State <i>BOCA RATON FL</i> Zip <i>33431</i> Country <i>USA</i>		City & State <i>BOCA RATON FL</i> Zip <i>33431</i> Country <i>USA</i>	
4. FEI Number 14-1972108		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GRANT, FREDERICK R CPA 601 N. CONGRESS AVENUE SUITE #425 DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	FP CASE, GAIL 6630 LA PINE CT. BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	FP CASE, GAIL 23149 BOCA COUNTRY CLUB COCONUT CIR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>GAIL CASE, PRES.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>4/21/08</i> Daytime Phone #: <i>561 392-3348</i>	