2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P06000101126

Entity Name: DESTINY WELLNESS CENTERS, INC.

Current Principal Place of Business:

141 NW 20 STREET
H-1
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

141 NW 20 STREET
H-1
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 14-1972108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRANT, FREDERICK R CPA
601 N.CONGRESS AVENUE
SUITE#425
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: FP ( ) Delete
Name: CASE, GAIL
Address: 23149 BOCA CLYM COLONY CIR
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: CASE, GAIL
Address: 23149 BOCA CLUB COLONY CIRCLE
City-St-Zip: BOCA RATON, FL 33433

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: GAIL CASE P 04/30/2009

Electronic Signature of Signing Officer or Director — Date