


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000021734</b> 1. Entity Name <b>DESTINY PROPERTIES AND DEVELOPMENT, INC.</b>	
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Principal Place of Business <b>1101 N LAKE DESTINY RD SUITE 475 MAITLAND, FL 32751</b>	Mailing Address <b>1101 N LAKE DESTINY RD SUITE 475 MAITLAND, FL 32751</b>
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**DO NOT WRITE IN THIS SPACE**



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3176505</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**BLACK, RONALD W  
1101 N LAKE DESTINY RD  
SUITE 475  
MAITLAND, FL 32751**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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, 2008 Fee will be \$550.00**

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

000000830895  
02/25/08-80102-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIRESH, MITRI M 1101 N. LAKE DESTINY RD., STE 475 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIRESH, MICHELLE 1101 N. LAKE DESTINY RD, STE 475 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLACK, RONALD W 1101 N. LAKE DESTINY RD STE 425 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/08  
Date

407-660-2313  
Daytime Phone #