2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004
Secretary of State

DOCUMENT# P95000086861

Entity Name: DESTINATIONS REALTY AND RELOCATION SERVICES, INC.

Current Principal Place of Business:

1771 N. CONGRESS AVE
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

1771 N. CONGRESS AVE
BOYNTON BEACH, FL 33426 US

New Mailing Address:

FEI Number: 65-0628508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMBRIDGE, KATHLEIN
7307 SHELL RIDGE TERRACE
LAKE WORTH, FL 33467 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: AMBRIDGE, KATHLEIN
Address: 7307 SHELL RIDGE TERRACE
City-St-Zip: LAKE WORTH, FL 33467

Title: DV ( ) Delete
Name: STEPHENSON, DINAH
Address: 4785 TREE FERN DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV ( ) Change (X) Addition
Name: SCHOEMIG, CHRISTIAN
Address: 2196 ALWORTH TERRACE
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATHLEIN AMBRIDGE PD 06/01/2004

Electronic Signature of Signing Officer or Director Date