


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 11, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P96000038071</b> 1. Entity Name <b>DESTINATIONS PLUS, INC.</b>	
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Principal Place of Business <b>350 SOUTH COUNTY RD, SUITE 102 PALM BEACH, FL 33480 US</b>	Mailing Address <b>350 SOUTH COUNTY RD. SUITE 102 PALM BEACH, FL 33480 US</b>
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01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0671360</b>	Applied For <input type="checkbox"/> 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  <b>HERMELEE, ELIZABETH 350 SOUTH COUNTY RD SUITE 102 PALM BEACH, FL 33480</b>
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**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, 2007 Fee will be \$350.00**

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

U00000583335  
01/11/07-80068-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>O HERMELEE, ELIZABETH 350 SOUTH COUNTY RD., SUITE 102 PALM BEACH, FL 33480</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>O GOTTLIEB, NORMAN 350 SOUTH COUNTY RD., SUITE 102 PALM BEACH, FL 33480</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:** Elizabeth Hermlee **ELIZABETH HERMELEE** 1-8-07 828-242-2055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #