## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000038071

Entity Name: DESTINATIONS PLUS, INC.

350 SOUTH COUNTY RD., SUITE 102

PALM BEACH, FL 33480

Address:

City-St-Zip:

FILED Feb 25, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 350 SOUTH COUNTY RD. SUITE 102 PALM BEACH, FL 33480 **New Mailing Address: Current Mailing Address:** 350 SOUTH COUNTY RD. SUITE 102 PALM BEACH, FL 33480 US FEI Number: 65-0671360 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERMELEE, ELIZABETH 350 SOUTH COUNTY RD SUITE 102 PALM BEACH, FL 33480 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition HERMELEE, ELIZABETH Name: Name: 350 SOUTH COUNTY RD., SUITE 102 Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GOTTLIEB, NORMAN Name:

Address:

City-St-Zip:

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: ELIZABETH HERMELEE MRS. 02/25/2008