

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 13, 2007
Secretary of State**

DOCUMENT# N95000003554

Entity Name: DARDEN RESTAURANTS, INC. FOUNDATION

Current Principal Place of Business:

5900 LAKE ELLENOR DRIVE
CORP TAX DEPT
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 593330
CORP TAX DEPT
ORLANDO, FL 32859

New Mailing Address:

FEI Number: 59-3332929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CRESTIONS NETWORK INC.
11380 PROSPERITY FARMS RD., #221E
PALM BEACH GARDENS, FL 33410 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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: LEE, JOE. R.
Address: 7550 HINSON COURT STE 12-C
City-St-Zip: ORLANDO, FL

Title: T () Delete
Name: DIMOPOULOS, LINDA
Address: 5900 LAKE ELLENOR DR.
City-St-Zip: ORLANDO, FL 32809

Title: DV () Delete
Name: WALSH, RICHARD J
Address: 2401 NORFOLK ROAD
City-St-Zip: ORLANDO, FL 32803

Title: S () Delete
Name: SHIVES, PAULA J
Address: 5900 LAKE ELLENOR DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: AST () Delete
Name: DEYOUNG, PATTY
Address: 5900 LAKE ELLENOR DR
City-St-Zip: ORLANDO, FL 32809

Title: AS () Delete
Name: WHITE, WILLIAM III
Address: 6100 LAKE ELLENOR DR.
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATTY DEYOUNG

AST

02/13/2007

Electronic Signature of Signing Officer or Director

Date