

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 12, 2007  
Secretary of State**

DOCUMENT# N98000005118

Entity Name: DARDEN DIMES, INC.

**Current Principal Place of Business:**

5900 LAKE ELLENOR DRIVE  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 593330  
CORP TAX DEPT  
ORLANDO, FL 328593330

**New Mailing Address:**

FEI Number: 59-3525641      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #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: PD ( ) Delete  
Name: LYONS, DANIEL M  
Address: 5900 LAKE ELLENOR DR.  
City-St-Zip: ORLANDO, FL 32809

Title: AT ( ) Delete  
Name: HARRIGAN, PATRICK  
Address: 6100 LAKE ELLENOR DR  
City-St-Zip: ORLANDO, FL 32809

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

Title: T ( ) Delete  
Name: SUBLETTE, MELISSA  
Address: 6100 LAKE ELLENOR DR  
City-St-Zip: ORLANDO, FL 32809

Title: AT ( ) Delete  
Name: WALKER, ANTHONY  
Address: 6100 LAKE ELLENOR DR.  
City-St-Zip: ORLANDO, FL 32809

Title: AS ( ) Delete  
Name: WENTZ, DOUG  
Address: 6000 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  
Name:  
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: PATRICK HARRIGAN

AT

02/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date