


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90026 005 \*\*\*158.75

<b>DOCUMENT # 583341</b>	
1. Entity Name <b>DUDA PRODUCTS, INC.</b>	

Principal Place of Business <b>1200 DUDA TRAIL OVIEDO, FL 32765 US</b>	Mailing Address <b>P.O. BOX 620257 OVIEDO, FL 32762-0257 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01172008 Chg-P	CR2E034 (12/06)
4. FEI Number <b>59-2982203</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>DUDA CHAPMAN, TRACY 1200 DUDA TRAIL OVIEDO, FL 32765</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

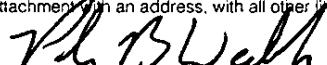
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST KINDER, MARK 1200 DUDA TRAIL OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAPMAN, TRACY DUDA 1200 DUDA TRAIL OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DUDA, DAVID J 1200 DUDA TRAIL OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ENGWALL, MARK 1200 DUDA TR OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Palmer B. Weeks, Jr., Exec. V.P.** 04/11/08 (407)365-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40066872

#583341

DUDA PRODUCTS, INC.

Federal I.D. No. 59-2982203

ADDITIONAL DIRECTORS AND OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>
DUDA, Joseph A.	Director	1200 Duda Tr.	Oviedo, <u>CHANGE</u> FL 32765
DUDA, Donna	Director	1200 Duda Tr.	Oviedo, FL 32765
DUDA, Samuel D.	Director	1200 Duda Tr.	Oviedo, <u>DELETE</u> FL 32765
CONNERY, Jerry	Director	1200 Duda Tr.	Oviedo, FL 32765
KINDER, Amy	Director	1200 Duda Tr.	Oviedo, <u>DELETE</u> FL 32765
LAVENDER, Malcolm	Director	1200 Duda Tr.	Oviedo, FL 32765
HANAS, Richard L.	CEO/ President	1200 Duda Tr.	Oviedo, FL 32765
DUDA, Thomas D.	COO/ Vice Pres.	1200 Duda Tr.	Oviedo, <u>ADD</u> FL 32765
DUDA, Walter A. Jr.	COO/ Vice Pres.	1200 Duda Tr.	Oviedo, <u>DELETE</u> FL 32765
WEEKS, Palmer B. Jr.	Vice Pres.	1200 Duda Tr.	Oviedo <u>ADD</u> FL 32765
BOCCHINO, Steven P.	Vice Pres.	1200 Duda Tr.	Oviedo <u>ADD</u> FL 32765
BUCKLEY, Lauri Duda	Vice Pres.	1200 Duda Tr.	Oviedo, <u>ADD</u> FL 32765
HARVEY, Charles	Vice Pres.	1200 Duda Tr.	Oviedo, FL 32765
HAYES, Ralph	Vice Pres.	1200 Duda Tr.	Oviedo <u>ADD</u> FL 32765

ATTACHMENT

40066872  
#583341

HRNCIR, Ann M.

Director  
Asst. Secy

1200 Duda Tr.

Oviedo, CHANGE  
FL 32765