


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

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N02000000408</b> 1. Entity Name <b>PENNY DUTEAU SCHOLARSHIP FUND, INC.</b>	
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Principal Place of Business <b>916 US HIGHWAY 41 SOUTH INVERNESS, FL 34450</b>	Mailing Address <b>916 US HIGHWAY 41 SOUTH INVERNESS, FL 34450</b>
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04302007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>61-1412563</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>DUTEAU, MARIA R 916 US HIGHWAY 41 SOUTH INVERNESS, FL 34450</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee Is \$61.25  
Due by May 1, 2007**

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

**U00000760315  
05/25/07-80034-008 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUTEAU, MARIA R 109 HUNTING LODGE DRIVE INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPER, SUSAN 2254 COACHMAN ROAD SPRINGHILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, MERCEDIA 8571 E HENDERSON TRAIL INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, CHARLES S 285 S NESBIT TERRACE INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUTEAU, JOLYNN 4926 STOLLS AVENUE TAMPA, FL 33615
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 617, 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 *Ilana Duteau Regan* 4/30/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #