

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009440

FILED
Apr 10, 2007
Secretary of State

Entity Name: INTUIT DEVELOPER NETWORK ADVISORY COUNCIL CORP

Current Principal Place of Business:

5121 PALO VERDE PL
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

5121 PALO VERDE PL
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 42-1646923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCRANTON, DAWN
5121 PALO VERDE PL
WEST PALM BEACH, FL 33415 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: D () Delete
Name: SMYTH, NANCY
Address: 2378 DANE HILL RD
City-St-Zip: WEST CHARLESTON, VT 05872

Title: D () Delete
Name: SCRANTON, DAWN
Address: 5121 PALO VERDE PL
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: KANNEG, KEITH
Address: 25541 COMMERCE CENTRE DR
City-St-Zip: LAKE FOREST, CA 92630

Title: D () Delete
Name: BRUNK, JANENE
Address: 1990 WESTWOOD BLVD. SUITE 265
City-St-Zip: LOS ANGELES, CA 90067

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:

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: DAWN SCRANTON

MRS

04/10/2007

Electronic Signature of Signing Officer or Director

Date