

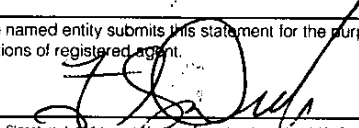
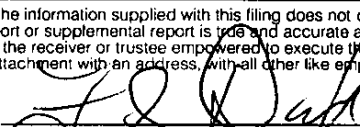


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90412 020 \*\*\*\*70.00

<b>DOCUMENT # N39968</b> 1. Entity Name <b>THE FERDINAND AND ANNA DUDA FOUNDATION, INC.</b>					
Principal Place of Business <b>C/O A. DUDA &amp; SONS, INC.          POST OFFICE BOX 620257          OVIEDO, FL 32762-0257 US</b>			Mailing Address <b>C/O A. DUDA &amp; SONS, INC.          POST OFFICE BOX 620257          OVIEDO, FL 32762-0257 US</b>		
2. Principal Place of Business <b>1200 Duda Trail</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">50012807</div>  <div style="margin-top: 10px;">           04062006    Chg-NP    CR2E037 (11/05)         </div>	
City & State <b>Oviedo, FL</b>		City & State			
Zip <b>32765</b>	Country <b>US</b>	Zip	Country		
4. FEI Number <b>59-3041353</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>DUDA, FERDINAND S.          C/O A. DUDA &amp; SONS, INC.          1975 WEST STATE RD. 426          OVIEDO, FL 32765</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1200 Duda Trail</b> City <b>Oviedo</b> <b>FL</b> Zip Code <b>32765</b>		
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  _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DUDA, FERDINAND S.</b> <b>1233 LITARD KNOT CRK. TR.</b> <b>OVIEDO, FL</b>	<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	<b>D</b> <b>DUDA, JOSEPH A.</b> <b>4290 OXEN TRAIL</b> <b>ROCKLEDGE, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3253 Bellwind Circle</b> <b>Viera, FL 32955</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LAVENDER, ELAINE D.</b> <b>2375 MIKLER RD.</b> <b>OVIEDO, FL</b>	<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	<b>D</b> <b>HANAS, SUSAN D.</b> <b>1265 LITARD KNOT CRK. TR.</b> <b>OVIEDO, FL</b>	<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	<b>D</b> <b>HRNCIR, ELEANOR</b> <b>528 QUEENS MIRROR CIR</b> <b>CASSELBERRY, FL 32707</b>	<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	<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 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.					
<b>SIGNATURE:</b>  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					