2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 18, 2005 8:00 am Secretary of State

Principal Place of Business Sono LAKE ELLENOR DR ORLANDO, FL 32899 2. Principal Place of Business Sulfa, Apt 4, etc. Sulfa,	DOCUMENT # N42534 1. Entity Name DARDEN RESTAURANTS, INC. EMPLOYEE CLUB, INC.						005 90066 033 ****	'61.25	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1182005 Chg.NP CR2E037 (10703) Criy & State City & Sta	5900 LAKE ELLENOR DR 5900 LAKE ELLENOR DR			R		4	30022668		
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Second S	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182005	Chg-NP	CR2E037 (10/03)		
Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Action/oal Fee Required	City & State		City & State						
MARCARET MOSS 6100 LAKE ELLENOR DRIVE ORLANDO, FL 32809 City City FL Zip Code 6. The above named entity sugmits 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 SIGNATURE Signature Signature Disable by May 1, 2005 PILING Foe is \$61.25 Date by May 1, 2005 Date by May 1	Zip	Country	Zip	Country	5. Certificat	e of Status Desired	, □ \$8.75 Ad	ditional	
Street Address (P.O. Box Number is Not Acceptable) City		6. Name and Address of Current	Registered Agent		~ 7. Name an	d Address of New	<u>`</u>		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	MADOVDE	TMOSS		Name					
E. The above named entity sugmits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SignaTure	6100 LAKE ELLENOR DRIVE			Street A	Street Address (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat	ORLANDO	, FL 32009				a .			
SIGNATURE Signature Properties Proper				City			FL Zip Coo	le	
Filling Fee is \$61.25 Due by May 1, 2005 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P C	the obligat	ions of registered agent:				oth, in the State of		and accept	
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NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL TITLE D LOCK, SUSAN STREET ADDRESS CITY-ST-ZIP ORLANDO, FL TITLE VILLIAMS, JUNE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL TITLE SALVAS, BETTY STREET ADDRESS CITY-ST-ZIP TITLE SALVAS, BETTY STREET ADDRESS CITY-ST-ZIP TITLE SALVAS, BETTY SPOOL LAKE ELLENOR DR ORLANDO, FL TITLE SALVAS, BETTY STREET ADDRESS CITY-ST-ZIP TITLE SALVAS, BETTY SPOOL LAKE ELLENOR DR ORLANDO, FL TITLE SALVAS, BETTY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREE		Filing Fee is §61.25	9. Election Cam	paign Financing	_ \$5.00 мау		Make check payable t		
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12. I hereby certify that the information sympled with this filling does not qualify for the exemption stated in Section 110 07(3)(i). Florida Statutes further certify that the information symplectics are supplied with this filling does not qualify for the exemption stated in Section 110 07(3)(ii). Florida Statutes further certify that the	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF D PAULK, ELEANOR 5900 LAKE ELLENOR DR ORLANDO, FL D LOCK, SUSAN 5900 LAKE ELLENOR DR ORLANDO, FL P WILLIAMS, JUNE 5900 LAKE ELLENOR DR ORLANDO, FL S SALVAS, BETTY 5900 LAKE ELLENOR DR ORLANDO, FL T PERINE, DENISE 6100 LAKE ELLENOR DRIVE ORLANDO, FL 32809 VPD MOSHER, DE	9. Election Cam Trust Fund C RECTORS Delete Delete Delete	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S5.00 May Added to Fee ADDITIONS/C	HANGES TO OFFICE	Make check payable to rida Department of S CERS AND DIRECTORS IN Change Change Change	Addition Addition Addition Addition	

nereby certify that the information supplied with this tilling does not qualify for the exemption stated in Section 119.07(3)(i), 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 attactment with an address, with all other like empowered.

SIGNATURE

MEA STULLAND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407.245.5542

Date

Daytime Phone #