

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005118

FILED
Feb 20, 2009
Secretary of State

Entity Name: DARDEN DIMES, INC.

Current Principal Place of Business:

6100 LAKE ELLENOR DRIVE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

6100 LAKE ELLENOR DRIVE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-3525641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: PVP () Delete
Name: LYONS, DANIEL M
Address: 5900 LAKE ELLENOR DR.
City-St-Zip: ORLANDO, FL 32809

Title: AT () Delete
Name: HARRIGAN, PATRICK
Address: 6100 LAKE ELLENOR DR
City-St-Zip: ORLANDO, FL 32809

Title: S () Delete
Name: DEYOUNG, PATTY
Address: 5900 LAKE ELLANOR DR
City-St-Zip: ORLANDO, FL 32809

Title: T () Delete
Name: SUBLETTE, MELISSA
Address: 6100 LAKE ELLENOR DR
City-St-Zip: ORLANDO, FL 32809

Title: AT () Delete
Name: WALKER, ANTHONY
Address: 6100 LAKE ELLENOR DR.
City-St-Zip: ORLANDO, FL 32809

Title: AS () Delete
Name: WENTZ, DOUGLAS E
Address: 6000 LAKE ELLENOR DR.
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT (X) Change () Addition
Name: WALKER, ANTHONY
Address: 6100 LAKE ELLENOR DR
City-St-Zip: ORLANDO, FL 32809

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT (X) Change () Addition
Name: HARRIGAN, PATRICK
Address: 6100 LAKE ELLENOR DR.
City-St-Zip: ORLANDO, FL 32809

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY WALKER

AT

02/20/2009

Electronic Signature of Signing Officer or Director

Date