2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

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Entity Name: DUOS TECHNOLOGIES INTERNATIONAL, INC.

Current Principal Place of Business:

6622 SOUTHPOINT DR. SOUTH, STE. 310
JACKSONVILLE, FL 322166188

New Principal Place of Business:

6622 SOUTHPOINT DR. SOUTH
SUITE 310
JACKSONVILLE, FL 322166188

Current Mailing Address:

6622 SOUTHPOINT DR. SOUTH, STE. 310
JACKSONVILLE, FL 322166188

New Mailing Address:

6622 SOUTHPOINT DR. SOUTH
SUITE 310
JACKSONVILLE, FL 322166188

FEI Number: 20-8157405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARCAINI, GIANNI B.
6622 SOUTHPOINT DR. SOUTH, STE. 310
JACKSONVILLE, FL 322166188 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ARCAINI, GIANNI B.
Address: 7889 HUNTERS GROVE RD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: WEEKS, CONNIE I.
Address: 6858 PLUM LAKE LANE EAST
City-St-Zip: JACKSONVILLE, FL 32222

Title: D ( ) Delete
Name: JASON, STEPHANIE
Address: 12268 FRANKLIN BROOK LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: WEEKS, CONNIE
Address: 6858 PLUM LAKE LANE EAST
City-St-Zip: JACKSONVILLE, FL 32222

Title: DP (X) Change ( ) Addition
Name: JASON, STEPHANIE
Address: 12268 FRANKLIN BROOK LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: V ( ) Change (X) Addition
Name: GOSLIN, CHARLES
Address: 1378 MALLARD LANDING BLVD. N.
City-St-Zip: JACKSONVILLE, FL 32259

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIANNI B. ARCAINI D 04/19/2007

Electronic Signature of Signing Officer or Director — Date