## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000025580

Entity Name: DARDEN RESTAURANTS, INC.

FILED Jan 09, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
5900 LAKE ELLENOR DR. CORP TAX DEPT ORLANDO, FL 32809				6100 LAKE ELLENOR DR. ORLANDO, FL 32809		
Current Mailing Address:				New Mailing Address:		
6100 LAKE ELLENOR DR. CORP TAX DEPT ORLANDO, FL 32809				6100 LAKE ELLENOR DR. CORPORATE TAX DEPT ORLANDO, FL 32809		
FEI Number	: 59-3305930	FEI Number Applied For ( )	FEI Nun	nber Not Appl	olicable ( ) Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:		Name and	d Address of New Registered Agent:	
11380 PR		NS NETWORK INC. RMS ROAD - SUITE 221E S, FL 33410 US				
	named entity s e of Florida.	submits this statement for the p	urpose o	f changing i	its registered office or registered agent, or both,	
SIGNATUI	RE:					
	Electron	ic Signature of Registered Age	nt		Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICER	S AND DIREC	TORS:		ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CD () OTIS, CLARENO 5900 LAKE ELL ORLANDO, FL	ENOR DR.		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SV () LINDA, DIMOPO 5900 LAKE ELL ORLANDO, FL	ENOR DR.		Title: Name: Address: City-St-Zip:	VT (X) Change ( ) Addition WHITE, WILLIAM R III 5900 LAKE ELLENOR DR. ORLANDO, FL 32809	
Title: Name: Address: City-St-Zip:	AT () HARRIGAN, PA 6100 LAKE ELL ORLANDO, FL	ENOR DR		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	EVD () SWEATT, BLAIN 5900 LAKE ELL ORLANDO, FL	ENOR DR.		Title: Name: Address: City-St-Zip:	SV (X) Change ( ) Addition RICHMOND, BRAD 5900 LAKE ELLENOR DR. ORLANDO, FL 32809	
Title: Name: Address: City-St-Zip:	P () MADSEN, DREV 5900 LAKE ELL ORLANDO, FL	ENOR DR.		Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition MADSEN, ANDREW H 5900 LAKE ELLENOR DR. ORLANDO, FL 32809	
Title: Name: Address: City-St-Zip:	SV () WALSH, RICHA 5900 LAKE ELL ORLANDO, FL	ENOR DR.		Title: Name: Address: City-St-Zip:	SV (X) Change ( ) Addition SHIVES, PAULA J 5900 LAKE ELLENOR DR. ORLANDO, FL 32809	

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

SIGNATURE: PATRICK HARRIGAN AT 01/09/2008