

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16049

Entity Name: DUOS TECHNOLOGIES, INC.

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

6622 SOUTHPOINT DRIVE SOUTH
SUITE 310
JACKSONVILLE, FL 322166188

New Principal Place of Business:

Current Mailing Address:

6622 SOUTHPOINT DRIVE SOUTH
SUITE 310
JACKSONVILLE, FL 322166188

New Mailing Address:

FEI Number: 59-3055973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTERS, MICHAEL A.
SMITH, GAMBRELL & RUSSELL, LLP
50 N. LAURA ST., STE. 2600
JACKSONVILLE, FL 32202 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: DCP () Delete
Name: ARCAINI, GIANNI B
Address: 7889 HUNTERS GROVE RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: SICKLER, NICO
Address: AMSTELZIJDE 63-65, 1184 TZ OUDERKERK
City-St-Zip: THE NETHERLANDS, OC

Title: D () Delete
Name: VAN KOOTEN, WILLEM
Address: ALEXANDERLLAAU 2, 1213X5 HILVERSUM
City-St-Zip: THE NETHERLANDS, OC

Title: V () Delete
Name: STRACH, LARRY
Address: 146 WILLOWPOND LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32081

Title: S () Delete
Name: ASHLEY, BABETTE
Address: 5020 YACHT CLUB RD
City-St-Zip: JACKSONVILLE, FL 32210

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: CONNIE WEEKS

VP

04/21/2006

Electronic Signature of Signing Officer or Director

Date