
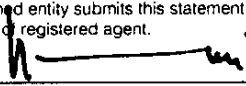
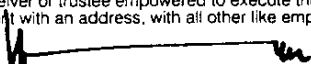


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90138 029 ***158.75

DOCUMENT # S16049 1. Entity Name DUOS TECHNOLOGIES, INC.					
Principal Place of Business 6622 SOUTHPOINT DRIVE SOUTH SUITE 310 JACKSONVILLE, FL 32216-6188			Mailing Address 6622 SOUTHPOINT DRIVE SOUTH SUITE 310 JACKSONVILLE, FL 32216-6188		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3055973	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARCAINI, GIANNI B 6622 SOUTHPOINT DRIVE SOUTH SUITE 310 JACKSONVILLE, FL 32216-6188				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP ARCAINI, GIANNI B 7889 HUNTERS GROVE RD JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ RONALD W. BURGESS 125 NATURE'S WAY PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULDER, FRED UTRESCHTSWEG 35/10 1213TG HILVERSUM, THE NETHERLANDS.	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANTONIO R. CONTARINI 6320 WOOD VALLEY RD JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN KOOTEN, WILLEM ALEXANDERLLAAU 2, 1213X5 HILVERSUM THE NETHERLANDS.	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT GREIPER 300 RIVERSIDE DR., APT. 3E NEW YORK, NY 10025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRACH, LARRY 146 WILLOWPOND LANE PONTE VEDRA BEACH, FL 32081	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ASHLEY, BABETTE 5020 YACHT CLUB RD JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEEKS, CONNIE L 6858 PLUM LAKE LANE EAST JACKSONVILLE, FL 32222	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ WEEKS, CONNIE L 6858 PLUM LAKE LANE EAST JACKSONVILLE, FL 32222
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/29/2008 Daytime Phone #: 904.296.2807					