


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90143 012 ****61.25

DOCUMENT # 729732	
1. Entity Name DOLPHIN CONDOMINIUM INC.	

Principal Place of Business 3642 NE 171 STREET NORTH MIAMI BEACH, FL 33160-3047	Mailing Address 3642 NE 171 STREET NORTH MIAMI BEACH, FL 33160-3047
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50003520



2. Principal Place of Business	3. Mailing Address 910 BSSS - Condo Dept
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2525 Ponce De Leon Blvd
City & State	City & State FLS, CORAL GABLES, FL
Zip	Country 33134 USA

02222006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2674457	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WALLY, DUQUAINE
 3642 NE 171 ST. #205
 N. MIAMI BEACH, FL 33160

7. Name and Address of New Registered Agent

Name: Joyce Goodman-Guenther PA.
 Street Address (P.O. Box Number is Not Acceptable):
10723 SW 104 STREET
 City: Miami State: FL Zip Code: 33176

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: Joyce Goodman-Guenther PA DATE: 3/16/06

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLY, DUQUAINE 3642 NW 171 ST. #205 N. MIAMI BEACH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, DANNY 3642 NE 171TH ST. #507 N MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RHODA, LINDON 3642 NE 171 ST. #505 N. MIAMI BEACH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JOHN 3642 NE 171 STREET #502 N MIAMI BCH, FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARK, COHEN 3642 NE 171 ST. #306 N. MIAMI BEACH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: Wally Duquaine DATE: 3/14/06 DAYTIME PHONE #: 305-274-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR