

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031059

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: DOLPHIN ACTING CAMP, INC.

## Current Principal Place of Business:

9111 S.W. 122 AVE.  
SUITE 206  
MIAMI, FL 33186 US

## New Principal Place of Business:

2801 PONCE DE LEON BLVD.  
SUITE 270  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

9111 S.W. 122 AVE.  
SUITE 206  
MIAMI, FL 33186 US

## New Mailing Address:

2801 PONCE DE LEON BLVD.  
SUITE 270  
CORAL GABLES, FL 33134 US

FEI Number: 90-0064113

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

O'DOWD, WILLIAM H IV  
9111 S.W. 122 AVE.  
SUITE 206  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

O'DOWD, WILLIAM H IV  
2801 PONCE DE LEON BLVD.  
SUITE 270  
CORAL GABLES, FL 33134 US

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: \_\_\_\_\_

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: O'DOWD, WILLIAM H IV  
Address: 9111 S.W. 122 AVE. SUITE 206  
City-St-Zip: MIAMI, FL 33186 US

Title: PVST ( ) Delete  
Name: O'DOWD, WILLIAM H IV  
Address: 9111 S.W. 122 AVE. SUITE 206  
City-St-Zip: MIAMI, FL 33186 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: O'DOWD, WILLIAM H IV  
Address: 2801 PONCE DE LEON BLVD., SUITE 270  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: PVST (X) Change ( ) Addition  
Name: O'DOWD, WILLIAM H IV  
Address: 2801 PONCE DE LEON BLVD., SUITE 270  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM H. O'DOWD IV

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date