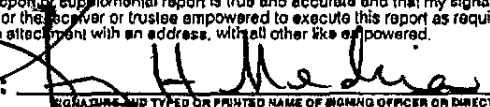
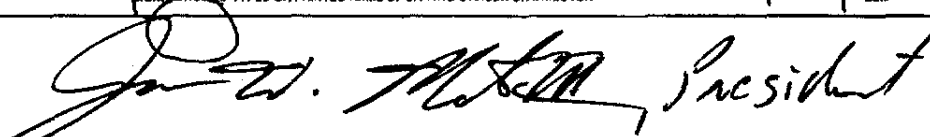


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000043833		
1. Entity Name DOLPHIN TANKER SYSTEMS, INC.		
Principal Place of Business 3255 MULFORD ROAD MULBERRY, FL 33860 US		Mailing Address PO BOX 558 MULBERRY, FL 33860 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MARTIN, JAMES W III 1411 LAKE LUCERNE WAY #103 BRANDON, FL 33511		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTIN, III, JAMES W 1411 LAKE LUCERNE WAY #103 BRANDON, FL 33511	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		4/27/05 8634251964 Date Daytime Phone #



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3245282Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**000000351967
05/03/05-80009-009 150.00 President