


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

80-0586 ANR 05

Closed: 5/07/04
FILED

05 FEB 24 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 418317
1. Entity Name
DOLPHIN MALL FOOTACTION, INC.



Principal Place of Business: 11250 NW 25TH SUITE 118 MIAMI FL 33172 US
Mailing Address: PO BOX 141269 IRVING TX 75014-1269 US

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
Zip: Country Zip: Country

4. FEI Number: 04-2513670 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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: _____ (NOTE Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: NEVILLE, R. SHAWN STREET ADDRESS: 24 B OLD FARM RD CITY-ST-ZIP: DARIEN CT 06820	<input checked="" type="checkbox"/> Delete
TITLE: SVP NAME: APPLBAUM, LEE D STREET ADDRESS: 279 SPRING VALLEY RD CITY-ST-ZIP: PARK RIDGE NJ 07650	<input checked="" type="checkbox"/> Delete
TITLE: VP NAME: COLTER, WARREN Z STREET ADDRESS: 90 MCKEE CITY-ST-ZIP: MAHWAH NJ 07340	<input checked="" type="checkbox"/> Delete
TITLE: VPS NAME: LYNCH, MICHAEL STREET ADDRESS: 122 PASADENA PL CITY-ST-ZIP: HAWTHORNE NJ 07506	<input type="checkbox"/> Delete
TITLE: VP NAME: WILSON, MARY BETH STREET ADDRESS: 3201 W. ROYAL LANE CITY-ST-ZIP: IRVING TX 75063	<input type="checkbox"/> Delete
TITLE: AS NAME: GALANTE, ANDREA STREET ADDRESS: 3201 W. ROYAL LANE CITY-ST-ZIP: IRVING TX 75063	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PRESIDENT NAME: Maureen Richards STREET ADDRESS: 933 MacARTHUR BLVD., MAHWAH, NJ 07430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: 600047307476 CITY-ST-ZIP: 02/25/05--01044--020 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VICE PRESIDENT NAME: Timothy Garahan STREET ADDRESS: 67 MILLBROOK ST., WORCESTER, MA 01606	<input type="checkbox"/> Change <input checked="" 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 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:  TIMOTHY GARAHAN FEB - 7 2005
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #