2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2007 08:00 AM Secretary of State **DOCUMENT # 666348** Entity Name DOLPHIN FIRE EQUIPMENT COMPANY, INC. Principal Place of Business Mailing Address 11255 SW 43 TERRACE 11255 SW 43 TERRACE MIAMI, FL 33165 MIAMI, FL 33165 CR2E034 (11/05) 04062007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2377482 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HATCHER, CHARLES H., SR. DO NOT WRITE 5420 SW 111 AVE. MIAMI, FL 33165 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May.Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS TITLE HATCHER, CHARLES JR NAME STREET ADDRESS 5420 SW 111 AVE. CITY-ST-ZIP MIAMI, FL 33165 TITLE VP U00000734925 05/10/07-80013-008 158.75 BETH, MARY NAME STREET ADDRESS 11255 SW 43 TERRACE MIAMI, FL 33165 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE
NAME
STREET ADDRESS
CETY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

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