FILED 2005 FOR PROFIT CORPORATION Mar 07, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # 693189** 1. Entity Name **DELPHIN CORPORATION** Principal Place of Business Mailing Address 107 DOLPHIN ROAD 3207 BUCCANEER RD PALM BEACH, FL 33480. US LAKE WORTH, FL 33462 US 01172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2180678 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent RABIDEAU, GUY DO NOT WRITE 50 COCONUT ROW **SUITE 220** IN THIS SPACE PALM BEACH, FL 33480 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE VON OPPENHEIM, JEANE NAME LINDENALLE 47 STREET ADDRESS CITY-ST-ZIP COLOGNE, GE U00000252710 TITLE 03/07/05-80006-002 150.00 NAME STREET ADDRESS 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 NAME

12. I hereby certify that the information supplied with this filling 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.

CICMATURE.

STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED WATER OF SIGNING OFFICER OR DIRECTOR

3/4/05

561 968-4763

Daytime Phone #