


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90515 001 \*\*\*\*61.25  
04-23-2004 90515 002 \*\*\*\*\*8.75

<b>DOCUMENT # 732410</b>	
1. Entity Name <b>THE DOLPHIN PROJECT, INC.</b>	

Principal Place of Business <b>PO BOX 224 COCONUT GROVE, FL 33133 US</b>	Mailing Address <b>PO BOX 224 STE 26 COCONUT GROVE, FL 33133 US</b>
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2. Principal Place of Business <b>P.O. Box 224</b>	3. Mailing Address <b>P.O. Box 224</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04012004 Chg-NP CR2E037 (10/03)

City & State <b>COCONUT GROVE, FL</b>	City & State <b>COCONUT GROVE, FL</b>
Zip <b>33233</b>	Country <b>US</b>
Zip <b>33233</b>	Country <b>US</b>

4. FEI Number <b>59-1588098</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>STEINBERG, ROBERT S ESQ. 7900 RED ROAD STE 26 S MIAMI, FL 33143</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b> <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDP O'BARRY, RICHARD PO BOX 224 COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT O'BARRY, LINCOLN 7900 RED RD, STE 26 S MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCKEY, PATTY 7900 RED RD, STE 26 S MIAMI, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>33233 (NOT 33133)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT O'BARRY, LINCOLN PO BOX 224 COCONUT GROVE, FL 33233 <input checked="" type="checkbox"/> Change <input 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	DVS O'BARRY, HELENE P.O. Box 224 COCONUT GROVE, FL 33233 <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 617, 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:** *Richard O'Barry* **APRIL 1, 2004** 305-668-1619  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #