


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90108 031 \*\*\*\*61.25

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

Principal Place of Business <b>P.O. BOX 224 COCONUT GROVE FL 33233 US</b>	Mailing Address <b>P.O. BOX 224 STE 26 COCONUT GROVE FL 33233 US</b>
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2. Principal Place of Business	3. Mailing Address <b>7900 RED ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>STE 26</b>
City & State	City & State <b>S MIAMI FL</b>
Zip	Zip <b>33143</b>
Country	Country <b>USA</b>



1st MOORE CR2E037 (10/04)

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

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	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 \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDP O'BARRY, RICHARD PO B O X 224 MIAMI FL 33233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT O'BARRY, LINCOLN P.O. BOX 224 COCONUT GROVE FL 33233 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 **MARCH 30, 2004** **305 6681619**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #