

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763385

FILED  
Mar 30, 2005  
Secretary of State

**Entity Name:** DOLPHIN BIOLOGY RESEARCH INSTITUTE, INC.

**Current Principal Place of Business:**

708 TROPICAL CIRCLE  
SARASOTA, FL 34242 US

**New Principal Place of Business:**

**Current Mailing Address:**

708 TROPICAL CIRCLE  
SARASOTA, FL 34242 US

**New Mailing Address:**

**FEI Number:** 59-2288387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WELLS, RANDALL S.  
708 TROPICAL CIR  
SARASOTA, FL 34242 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: IRVINE, A. BLAIR,  
Address: 2424 LARIAT MEADOWS  
City-St-Zip: EUGENE, OR

Title: VD ( ) Delete  
Name: WELLS, RANDALL S.,  
Address: 708 TROPICAL CIRCLE  
City-St-Zip: SARASOTA, FL

Title: STD ( ) Delete  
Name: SCOTT, MICHAEL D.,  
Address: 4630 CYPRESS GLEN PLAZA  
City-St-Zip: SAN DIEGO, CA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: WELLS, RANDALL S.,  
Address: 708 TROPICAL CIRCLE  
City-St-Zip: SARASOTA, FL 34242 US

Title: VD (X) Change ( ) Addition  
Name: IRVINE, A. BLAIR,  
Address: 2424 LARIAT MEADOWS  
City-St-Zip: EUGENE, OR 97401 US

Title: SD (X) Change ( ) Addition  
Name: SCOTT, MICHAEL D.,  
Address: 4630 CYPRESS GLEN PLACE  
City-St-Zip: SAN DIEGO, CA 92130 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDALL S. WELLS

PRES

03/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date