

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001756

FILED
Apr 14, 2009
Secretary of State

Entity Name: DOLPHIN MGMT. SERVICES, INC.

Current Principal Place of Business:

4828 FIRST COAST HIGHWAY, SUITE 5
FERNANDINA BCH, FL 32034

New Principal Place of Business:

4828 FIRST COAST HIGHWAY, SUITE 6
FERNANDINA BCH, FL 32034

Current Mailing Address:

P.O. BOX 16867
FERNANDINA BEACH, FL 32035

New Mailing Address:

FEI Number: 11-2928887 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SALAS, PETER E
4924 FIRST COAST HWY., SUITE 12
FERNANDINA BCH, FL 32034 US

Name and Address of New Registered Agent:

SALAS, PETER E
4828 FIRST COAST HWY., SUITE 6
FERNANDINA BCH, FL 32034 US

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

04/14/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: SALAS, PETER E
Address: 4924 FIRST COAST HWY., SUITE 12
City-St-Zip: FERNANDINA BCH, FL 32034

Title: TR () Delete
Name: SMITH, KELLI K
Address: 4924 FIRST COAST HWY., SUITE 12
City-St-Zip: FERNANDINA BCH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: SALAS, PETER E
Address: 4828 FIRST COAST HWY., SUITE 6
City-St-Zip: FERNANDINA BCH, FL 32034

Title: TR (X) Change () Addition
Name: SMITH, KELLI K
Address: 4828 FIRST COAST HWY., SUITE 6
City-St-Zip: FERNANDINA BCH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLI K SMITH

Electronic Signature of Signing Officer or Director

TR

04/14/2009

Date