


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000006485 1. Entity Name THR DOLPHIN CORP.	
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Principal Place of Business 666 FIFTH AVENUE NEW YORK, NY 10103	Mailing Address C/O TISHMAN ASSET CORPORATION 666 5TH AVE., 36TH FLOOR NEW YORK, NY 10103
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04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3972099	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FILDES, RICHARD J 215 NORTH EOLA DRIVE ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO VICKERS, JOHN A 666 FIFTH AVENUE, 36TH FLOOR NEW YORK, NY 10103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TISHMAN, JOHN L 666 FIFTH AVENUE, 36TH FLOOR NEW YORK, NY 10103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P SALES, WILLIAM J 666 FIFTH AVENUE, 36TH FLOOR NEW YORK, NY 10103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JULIANA C 666 FIFTH AVENUE, 36TH FLOOR NEW YORK, NY 10103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECHEVARRIA, EVELYN 6707 FAIRVIEW RD., STE D CHARLOTTE, NC 28210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP ENGFER, DONALD 666 FIFTH AVE NEW YORK, NY 10103

**DO NOT WRITE
IN THIS SPACE**

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05/09/07-80079-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE Larry Schwarzwald Larry Schwarzwald 4/18/07 212 7086 843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #