2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006
Secretary of State

DOCUMENT# L04000073239

Entity Name: DOLPHIN PRINT MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

905 SUNSHINE LANE
1110
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

925 SUNSHINE LANE
SUITE # 1110
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

905 SUNSHINE LANE
1110
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

925 SUNSHINE LANE
SUITE # 1110
ALTAMONTE SPRINGS, FL 32714

FEI Number: 35-2242701 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MELCHIORRE, GARY G
1503 LEGACY CLUB DRIVE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

MELCHIORRE, GARY G
816 CHALLIS POINT
LONGWOOD, FL 32779 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: GARY MELCHIORRE 07/10/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: MELCHIORRE, GARY
Address: 1503 LEGACY CLUB DRIVE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: MELCHIORRE, GARY
Address: 816 CHALLIS POINT
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GARY MELCHIORRE P 07/10/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date