


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90005 042 \*\*\*\*61.25

<b>DOCUMENT # N05000009233</b>		
1. Entity Name <b>INDIAN RIVER DOLPHIN PROJECT, INC.</b>		

Principal Place of Business <b>4325 STILLWATERS DR. MERRITT ISLAND, FL 32952 US</b>	Mailing Address <b>530 NEEDLE BLVD MERRITT ISLAND, FL 32953 US</b>
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2. Principal Place of Business		3. Mailing Address <b>4325 Stillwaters Dr.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Merritt Island Florida</b>	
Zip	Country	Zip	Country
		<b>32952</b>	<b>US</b>



05092006 Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-3548844</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>EDINGER, JAY N 700 SOUTH PLUMOSA ST. MERRITT ISLAND, FL 32952</b>		7. Name and Address of New Registered Agent Name <b>Jill Dooley</b> Street Address (P.O. Box Number is Not Acceptable) <b>4325 Still Waters Drive</b> City <b>Merritt Island</b> FL Zip Code <b>32952</b>	
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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 Jill Dooley Jill Dooley 9/1/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to: Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P EDINGER, LAUREN E 530 NEEDLE BLVD MERRITT ISLAND, FL 32953</b> <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	<b>T EDINGER, JAY N 700 SOUTH PLUMOSA ST. MERRITT ISLAND, FL 32952</b> <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	<b>SECRETARY DOOLEY, JILL A 4325 STILLWATERS DR. MERRITT ISLAND, FL 32952</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Dooley Jill A. 4325 Stillwaters Dr. Merritt Island, FL 32952</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WIGGENS, ANDREW R 1535 CUNNINGHAM AVE MERRITT ISLAND, FL 32952</b> <input checked="" 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	<b>S Edinger, Natalie A. 530 Needle Blvd. Merritt Island, FL 32953</b> <input type="checkbox"/> Change <input checked="" 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 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 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: Jill Dooley 9/1/06 (321) 749-2575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #