2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2006
Secretary of State

DOCUMENT# N06411

Entity Name: DOLPHIN'S COVE ESTATE, INC.

Current Principal Place of Business:

103 DOLPHIN COVE
FREEPORT, FL 324393000 US

New Principal Place of Business:

Current Mailing Address:

103 DOLPHIN COVE
FREEPORT, FL 32439 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HUDKINS, RAYMOND P
1126 E LARUA ST
PENSACOLA, FL 32501 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:	S	( ) Delete
Name:	SHIELDS, RICHARD D	
Address:	163 DOLPHIN COVE	
City-St-Zip:	FREEPORT, FL 32439	
Title:	TD	( ) Delete
Name:	HUDKINS, RAYMOND P	
Address:	1126 E LA RUA ST	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	PD	( ) Delete
Name:	ROBBINS, CHANDLER	
Address:	232 WHITE STREET, UNIT 5	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	VD	( ) Delete
Name:	BROWN, RICHARD	
Address:	3906 OAK HILL ROAD	
City-St-Zip:	DOUGLASVILLE, GA 30135	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 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: RAYMOND P. HUDKINS TD 08/27/2006
Electronic Signature of Signing Officer or Director — Date