2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N99000002672

Entity Name: DOLPHIN ECOLOGY PROJECT, INC.

Current Principal Place of Business:

134 OCEAN VIEW DR
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

PO B 1142
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 65-0887437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MADER, DON
7977 SW JACK JAMES DR
STUART, FL 34997 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: PD ( ) Delete
Name: HAMPP, JOY
Address: PO BOX 1205
City-St-Zip: HOBE SOUND, FL 334751205

Title: VSD ( ) Delete
Name: ENGLEBY, LAURA
Address: 134 OCEAN VIEW DR
City-St-Zip: TAVERNIER, FL 33070

Title: VD ( ) Delete
Name: MADER, DON
Address: 561 TIMBER TRAIL
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete
Name: MORSE, ANDREW
Address: 130 WATTS STREET APT 65
City-St-Zip: NEW YORK, NY 10013

Title: D ( ) Delete
Name: MOEN, PAUL D
Address: 18112 MEYZ DRIVE
City-St-Zip: GERMANTOWN, MD 20874

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:

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 Section 119.07(3)(i), 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: LAURA K. ENGLEBY VSD 04/28/2004

Electronic Signature of Signing Officer or Director — Date