2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002672

Entity Name: DOLPHIN ECOLOGY PROJECT, INC.

Apr 21, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

134 OCEAN VIEW DR 727 11TH AVE SOUTH

TAVERNIER, FL 33070 ST. PETERSBURG, FL 33701

Current Mailing Address: New Mailing Address:

727 INGLESIDE AVE SOUTH 727 INGLESIDE AVE ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MADER, DON 7977 SW JACK JAMES DR STUART, FL 34997

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete (X) Change () Addition

HAMPP, JOY HAMPP, JOY Name: Name: PO BOX 1205 Address: PO BOX 1205 Address:

City-St-Zip: HOBE SOUND, FL 334751205 City-St-Zip: HOBE SOUND, FL 334751

Title: VSD Title: VSD (X) Change () Addition () Delete ENGLEBY, LAURA Name: ENGLEBY, LAURA Name:

Address: P.O. BOX 1142 Address: 263 13TH AVE SOUTH City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: ST. PETERSBURG, FL 33701

Title: VD. () Delete Title: VD. (X) Change () Addition MADER, DON MADER, DON Name: Name:

Address: 561 TIMBER TRAIL Address: 106 ABBIE COURT City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34996

Title: () Delete Title: D (X) Change () Addition

Name: MORSE, ANDREW Name: MORSE, ANDREW 130 WATTS STREET APT 65 Address: Address: 99 JANE STREET City-St-Zip: NEW YORK, NY 10013 City-St-Zip: NEW YORK, NY 10014

Title: () Delete Title: () Change () Addition

MOEN, PAUL D Name: Name: 18112 MEYZ DRIVE Address: Address: GERMANTOWN, MD 20874 City-St-Zip: 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: LAURA ENGLEBY **VP** 04/21/2007