
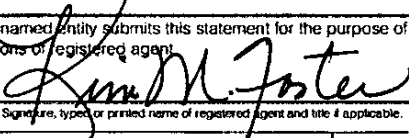
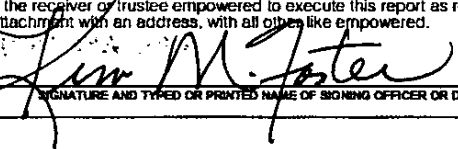


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90017 026 \*\*\*150.00

<b>DOCUMENT # P00000047059</b> 1. Entity Name <b>DOLPHIN POOLS GULF BREEZE, INC.</b>																																																																																																																																			
Principal Place of Business <b>413 SHENANDOAH DR GULF BREEZE, FL 32561</b>			Mailing Address <b>413 SHENANDOAH DR GULF BREEZE, FL 32561</b>																																																																																																																																
2. Principal Place of Business		3. Mailing Address <b>913 Gulf Breeze Pkwy</b>																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 8</b>																																																																																																																																	
City & State		City & State <b>Gulf Breeze FL</b>		4. FEI Number <b>59-3645097</b>																																																																																																																															
Zip		Country <b>32561 USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																															
6. Name and Address of Current Registered Agent  <b>FOSTER, JAMES WESLEY 1040 GULF BREEZE PKWY. GULF BREEZE, FL 32561</b>			7. Name and Address of New Registered Agent Name <b>Foster, James Wesley</b> Street Address (P.O. Box Number is Not Acceptable) <b>913 Gulf Breeze Pkwy Suite 8</b> City <b>Gulf Breeze</b> <b>FL</b> Zip Code <b>32561</b>																																																																																																																																
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  <b>Kim M. FOSTER</b> <b>2-21-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. 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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 607, 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:  <b>2-21-06</b> <b>850-916-1979</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																			