


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90214 041 \*\*\*150.00

<b>DOCUMENT # P00000091580</b> 1. Entity Name <b>DOLPHIN INTERNATIONAL ENTERPRISES, INC.</b>					
Principal Place of Business <b>370 WEST HWY 54 CAMDENTON, MO 65020</b>			Mailing Address <b>478 SQUIRE DR WELLINGTON, FL 33414</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1935 NW 56th St</b>			
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>			
Zip <b>33142</b>		Country <b>USA</b>		4. FEI Number <b>65-1059356</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>DIXON, JOHN 98 SUSSEX E. WEST PALM BEACH, FL 33417</b>			7. Name and Address of New Registered Agent Name <b>Fred Crawford</b> Street Address (P.O. Box Number is Not Acceptable) <b>1935 NW 56th St</b> City <b>Miami</b> <b>FL</b> <b>33142</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 <u><i>Fred Crawford</i></u> <b>Fred Crawford</b> <b>4-28-04</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME D DIXON, BILL STREET ADDRESS RTE 2 BOX 2200 CITY-ST-ZIP LINN CREEK, MO 65052	<input type="checkbox"/> Delete		TITLE NAME C 370 W. Hwy 54 STREET ADDRESS Camden ton mo 65020 CITY-ST-ZIP S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME S DAHLGREN, KAREN STREET ADDRESS 2100 BUCK RUN CIRCLE CITY-ST-ZIP OSAGE BEACH, MO 65065	<input type="checkbox"/> Delete		TITLE NAME S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME T FARRELL, JOHN STREET ADDRESS P.O. BOX 364 CITY-ST-ZIP OSAGE BEACH, MO 65065	<input checked="" type="checkbox"/> Delete		TITLE NAME VP Gene Schaffstall STREET ADDRESS 123 Ashford Circle CITY-ST-ZIP Atlanta, GA 30338	<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	
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 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 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: <u><i>Karen Dahlgren</i></u> <b>Karen Dahlgren</b> <b>4-22-04</b> <b>5733170480</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					