2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2007 08:00 Al Secretary of State

1. Entity Name DOLPHIN POOLS & SPAS, INC.							5	ecrei	ai y (oi Sta
Principal Place of Business 1435 GRANT STREET HOLLYWOOD, FL 33020			Mailing Address 1435 GRANT STREET HOLLYWOOD, FL 33020							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
- Suite. Apt. #, etc.			Suite, Apt. #, etc			03192007	Chg-P	CR2E03	4 ⁻ (12/06)	
City & State			City & State			4. FEI Number 65-1126				oplied For
Zip	Zip Country .		Zip ,	Country .			of Status Desired		8.75 Add ee Require	litional
	6. Name and A	ddress of Current	Nama	7. Name and	Address of New R	tegistered A	gent			
BLACK, DAVID 1435 GRANT STREET					Name Street Address (P.O. Box Number is Not Acceptable)					
HOLLYWO		Sileet Add		,o. box rambo	- Tartot riodoptable					
	,		City			FL	Zip Code	<u></u>		
	named entity submions of registered ag		or the purpose of changing its	register	ed office or register	ed agent, or both	n, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE_	Signature, typed or printed	I name of registered agen	t and title if applicable. (NOT	E: Registere	id Agent signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Etection Campaign Fine Trust Fund Contribution					ncing \$5.	00 May Be ed to Fees		ء سيسيد ه		
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND I	DIRECTORS	3 IN 11
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PYDECT ADDDCES	· ·	FOEET	Last Delete	NAM	ie		Нооп	0006916	ŘE.	
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I nereby certify that the information supplied with this filling 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: David Black David Black signature and typed or printed name of signing officer or director