

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000081286

FILED
May 12, 2009
Secretary of State**Entity Name:** DOLPHIN LENDING INC.**Current Principal Place of Business:**15020 N PEBBLE LN
FORT MYERS, FL 33912**New Principal Place of Business:****Current Mailing Address:**15020 N PEBBLE LN
FORT MYERS, FL 33912**New Mailing Address:****FEI Number:** 65-1132725**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TORCHIA, TROY L
15020 N. PEBBLE LN
FORT MYERS, FL 33912 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:** DPS () Delete
Name: TORCHIA, TROY L
Address: 15020 N. PEBBLE LN
City-St-Zip: FORT MYERS, FL 33912**Title:** DT (X) Delete
Name: TORCHIA, BILLIE J
Address: 15020 N. PEBBLE LN
City-St-Zip: FORT MYERS, FL 33912**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY TORCHIA

DPS

05/12/2009

Electronic Signature of Signing Officer or Director

Date