2005 FOR PROFIT CORPORATION ANNUAL REPORT FILED **DOCUMENT # P03000010514** May 19, 2005 08:00 AM Secretary of State 1. Entity Name DOLPHIN SECURITY, INC. Principal Place of Business Mailing Address 3803 LANDBLUBBER STREET 3803 Landblubber Street ORLANDO, FL 32812 ORLANDO, FL 32812 05022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-2193045 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GAUGHAN, MICHAEL J DO NOT WRITE 3803 LANDBLUBBER STREET ORLANDO, FL 32812 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HAYDEN, DEBRA J STREET ADDRESS 3803 LANDBLUBBER STREET U00000367623 CITY-ST-ZIP ORLANDO, FL 32812 05/19/05-80003-001 158.75 **PRES** NAME GAUGHAN, MICHAEL J STREET ADDRESS 3803 LANDLUBBER STREET CITY-ST-ZIP ORLANDO, FL 32812 TITLE NAME STREET ADDRESS DO NOT WRITE

I hereby certify that the information supplied with this filling 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 supplience is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of 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:

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-7IP

TED NAME OF SIGNING OFFICER OR DIRECTO

IN THIS SPACE