2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008
Secretary of State

DOCUMENT# P04000146037

Entity Name: DOLPHIN LANDSCAPE INSTALLATION DIVISON, INC.

Current Principal Place of Business:

2376 C ROAD
LOXAHATCHEE, FL 33470

New Principal Place of Business:

1330 SW COTTONWOOD COVE
PORT ST LUCIE, FL 34986

Current Mailing Address:

PO BOX 664
LOXAHATCHEE, FL 33470

New Mailing Address:

1330 SW COTTONWOOD COVE
PORT ST LUCIE, FL 34986

FEI Number: 20-1739401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, JOSEPH K
2376 C ROAD
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

OLSON, JAMES T
1330 SW COTTONWOOD COVE
PORT ST LUCIE, FL 34986 US

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: JAMES T OLSON 01/23/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: LOPEZ, JOSEPH K
Address: 2376 C ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DVS ( ) Delete
Name: OLSON, JAY
Address: 1330 SW COTTONWOOD COVE
City-St-Zip: PT. ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: OLSON, JAMES T
Address: 1330 SW COTTONWOOD COVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: DVS (X) Change ( ) Addition
Name: OLSON, BEVERLY L
Address: 1330 SW COTTONWOOD COVE
City-St-Zip: PT. ST. LUCIE, FL 34986

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: JAMES T OLSON DPT 01/23/2008
Electronic Signature of Signing Officer or Director Date