2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015932

FILED Jan 18, 2007 Secretary of State

Entity Name: DOLPHIN AUTOMOTIVE OF N.W. FLORIDA INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
5 SABINE DRIVE PENSACOLA BEACH, FL 32561		450 VAN PELT LANE PENSACOLA, FL 325	450 VAN PELT LANE PENSACOLA, FL 32505		
Current Mailing Address:		New Mailing Address:			
	PELT LANE DLA, FL 32505				
El Number	: 20-2257287	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
5 SABINE PENSACO The above	DLA, FL 32561 named entity:		purpose of changing its registered	d office or registered agent, or both,	
5 SABINE PENSACO The above	DRIVE DLA, FL 32561 a named entity e of Florida.		purpose of changing its registered	d office or registered agent, or both,	
SABINE PENSACO The above n the Stat	DRIVE DLA, FL 32561 e named entity e of Florida. RE:			d office or registered agent, or both, Date	
5 SABINE PENSACO The above n the Stat BIGNATU	DRIVE DLA, FL 32561 e named entity e of Florida. RE: Electror	submits this statement for the			
5 SABINE PENSACO The above n the Stat BIGNATU Election Ca	DRIVE DLA, FL 32561 e named entity e of Florida. RE: Electror	submits this statement for the labels and the labels are statement for the labels are submitted as a statement for the labels are submitted as a submitted as a submitted for the labels are submitted as a submitted as	ent		
5 SABINE PENSACO The above n the Stat BIGNATU Election Ca	DRIVE DLA, FL 32561 e named entity e of Florida. RE: Electror mpaign Financin S AND DIREC P PATRONI, CLY 5 SABINE DRIV	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete DE J SR	ent	Date	

I hereby certify that the information supplied with this filing does not qualify for the 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: CLYDE J PATRONI P 01/18/2007