

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90051 049 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                                                                                                     |                                                                                      |                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P06000062793</b><br>1. Entity Name<br><b>DOLPHIN MARINE RENTALS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      |                                                                                                                     |                                                                                      |                                                                                                                                          |  |
| Principal Place of Business<br><b>11180 1ST ST. EAST, #8</b><br><b>TREASURE ISLAND, FL 33706</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |                                                                                                                     | Mailing Address<br><b>11180 1ST ST. EAST, #8</b><br><b>TREASURE ISLAND, FL 33706</b> |                                                                                                                                          |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>10925 GULF BLVD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      | 3. Mailing Address<br>Suite, Apt. #, etc.<br>                                                                       |                                                                                      |                                                                                                                                          |  |
| City & State<br><b>TREASURE ISLAND FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                      | City & State<br>                                                                                                    |                                                                                      |                                                                                                                                          |  |
| Zip<br><b>33706</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      | Country<br><b>USA</b>                                                                                               |                                                                                      | 4. FEI Number<br><b>20-4843116</b>                                                                                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                                                                                                     |                                                                                      | 02192007 Chg-P CR2E034 (12/06)                                                                                                           |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DROBIAZGIEWICZ, STEVEN</b><br><b>1118 1ST ST. EAST, #8</b><br><b>TREASURE ISLAND, FL 33706</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |                                                                                                                     |                                                                                      | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                      |                                                                                                                     |                                                                                      |                                                                                                                                          |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                      |                                                                                                                                          |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                         |                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PTVS<br>DROBIAZGIEWICZ, STEVEN<br>1118 1ST ST. EAST, #8<br>TREASURE ISLAND, FL 33706 |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                        |  |
| 12. I hereby certify that the information supplied with this filing 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                                                                                     | 3/4/07 727-360-8408<br><small>Date Time Phone #</small>                              |                                                                                                                                          |  |