

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000045798

FILED
Jan 14, 2009
Secretary of State

Entity Name: DOLPHIN MGMT SHARED SERVICES, INC.

Current Principal Place of Business:

4828 FIRST COAST HWY STE 6
FERNANDINA BEACH, FL 32035

New Principal Place of Business:

4828 FIRST COAST HWY STE 6
FERNANDINA BEACH, FL 32034

Current Mailing Address:

4828 FIRST COAST HWY STE 6
FERNANDINA BEACH, FL 32035

New Mailing Address:

P.O. BOX 16867
FERNANDINA BEACH, FL 32035

FEI Number: 26-2591714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, KELLI K
4828 FIRST COAST HWY STE 6
FERNANDINA BEACH, FL 32035 US

Name and Address of New Registered Agent:

SMITH, KELLI K
4828 FIRST COAST HWY STE 6
FERNANDINA BEACH, FL 32034 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:

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SALAS, PETER E
Address: 4828 FIRST COAST HWY STE 6
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: DT () Delete
Name: SMITH, KELLI K
Address: 4828 FIRST COAST HWY STE 6
City-St-Zip: FERNANDINA BEACH, FL 32035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SALAS, PETER E
Address: 4828 FIRST COAST HWY STE 6
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DT (X) Change () Addition
Name: SMITH, KELLI K
Address: 4828 FIRST COAST HWY STE 6
City-St-Zip: FERNANDINA BEACH, FL 32034

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: KELLI K. SMITH

DT

01/14/2009

Electronic Signature of Signing Officer or Director

Date