

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000012739

FILED  
May 10, 2006  
Secretary of State

Entity Name: BARNES BROTHER'S DOLPHIN HOUSE, INC.

## Current Principal Place of Business:

768 GRAN KAYCAYNE WAY  
APOLLO BEACH, FL 33572

## New Principal Place of Business:

## Current Mailing Address:

238 LAKEVIEW DR  
MORGANTOWN, WV 26508

## New Mailing Address:

174 LONE PINE DRIVE  
MASONTOWN, WV 26542

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARNES, SR ALBERT R  
6418 US 41 NORTH, STE 264  
APOLLO BEACH, FL 33572 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: BARNES, MARY K  
Address: 6022 US HWY. 41. N. BOX 164  
City-St-Zip: APOLLO BEACH, FL 33572

Title: P ( ) Delete  
Name: BARNES, SR ALBERT R  
Address: 6022 US HWY. 41 N. BOX 164  
City-St-Zip: APOLLO BEACH, FL 33572

Title: D ( ) Delete  
Name: BARNES, ALBERT R SR.  
Address: 238 LAKEVIEW DR  
City-St-Zip: MORGANTOWN, WV 26508

Title: D ( ) Delete  
Name: BARNES, MARY K  
Address: 238 LAKEVIEW DR  
City-St-Zip: MORGANTOWN, WV 26508

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BARNES, ALBERT R SR.  
Address: 174 LONE PINE DRIVE  
City-St-Zip: MASONTOWN, WV 26542

Title: D (X) Change ( ) Addition  
Name: BARNES, MARY K  
Address: 174 LONE PINE DRIVE  
City-St-Zip: MASONTOWN, WV 26542

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: ALBERT R. BARNES, SR.

PRES

05/10/2006

Electronic Signature of Signing Officer or Director

Date