

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000038681

FILED
Aug 09, 2004
Secretary of State

Entity Name: DOLPHIN VOYAGING, INC.

Current Principal Place of Business:

223 PERUVIAN AVE.
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

1340 US HIGHWAY 1
SUITE 102
JUPITER, FL 33469 US

New Mailing Address:

FEI Number: 65-0614783 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROBERG, PETER S
223 PERUVIAN AVE.
PALM BEACH, FL 33480

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: PSTD () Delete
Name: WILSON, MATHEW J.A.
Address: 50 BEACH ROAD, APT. 203, JIB CLUB
City-St-Zip: TEQUESTA, FL 33469

Title: VPD () Delete
Name: WILSON, JANET M
Address: 50 BEACH ROAD, APT 203
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: WILSON, MATHEN E
Address: 50 BEACH ROAD, APT 203
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: ROSKILL, VICTORIA M
Address: 50 BEACH ROAD, APT 203
City-St-Zip: TEQUESTA, FL 33469

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: WILSON, MATHEW E
Address: 50 BEACH ROAD, APT 203
City-St-Zip: TEQUESTA, FL 33469

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MATHEW WILSON

PRES

08/09/2004

Electronic Signature of Signing Officer or Director

_____ Date