

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000038681

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: DOLPHIN VOYAGING, INC.

## Current Principal Place of Business:

50 BEACH ROAD  
APT. 203  
TEQUESTA, FL 33469 US

## New Principal Place of Business:

## Current Mailing Address:

50 BEACH ROAD  
APT. 203  
TEQUESTA, 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:

WILSON, MATHEW J.A.  
50 BEACH ROAD  
APT. 203  
TEQUESTA, FL 33469 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

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, MATHEW 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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: MATHEW WILSON

PSTD

01/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date