2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P96000030296

Entity Name: DOLPHIN SPECIALTIES, INC.

Current Principal Place of Business:

1604 B ELIZABETH AVE
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

100 E CITRUS STREET
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

1604 B ELIZABETH AVE
WEST PALM BEACH, FL 33401 US

New Mailing Address:

100 E CITRUS STREET
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 65-0655000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIRKWOOD, PATRICIA
1604 -B ELIZABETH AVE
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

KIRKWOOD, PATRICIA K V.P.
100 E CITRUS STREET
ALTAMONTE SPRINGS, FL 32701 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: PATRICIA KIRKWOOD 03/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KIRKWOOD, JOHN
Address: 1604-B ELIZABETH AVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: KIRKWOOD, PATRICIA
Address: 1604-B ELIZABETH AVE
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KIRKWOOD, JOHN C PRES.
Address: 100 E CITRUS STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: D (X) Change ( ) Addition
Name: KIRKWOOD, PATRICIA K V.PRES.
Address: 100 E CITRUS STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: PATRICIA KIRKWOOD D 03/24/2009
Electronic Signature of Signing Officer or Director Date