


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90022 025 \*\*\*150.00

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # P98000033147</b><br>1. Entity Name<br><b>THE DELFIN PROJECT, INC.</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>7100 W CAMINO REAL<br/>STE 406<br/>BOCA RATON, FL 33433 US</b>   |   |  | Mailing Address<br><b>7100 W CAMINO REAL<br/>STE 406<br/>BOCA RATON, FL 33433 US</b>                                   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   |  | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.  |   |  | Suite, Apt. #, etc.  |  |  |
| City & State   |   |  | City & State   |  |  |
| Zip  |   | Country                                    |  | Zip  |  |
| Country  |   | Country                                    |  | 4. FEI Number<br><b>65-0834216</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>VALDES-FAULI CORPORATE SERVICES, INC.<br/>500 EAST BROWARD BLVD.<br/>SUITE 1400<br/>FT. LAUDERDALE, FL 33394</b>   |   |  |  | 7. Name and Address of New Registered Agent<br>Name<br><b>G Y Corporate Services, Inc</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2 SOUTH DISCAYNE BLVD, SUITE 3400</b><br>City<br><b>Miami</b> FL Zip Code<br><b>33131-1897</b> |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE: <u><i>[Signature]</i></u> , CEO DATE: <u>2/1/08</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SARUBBI, JOSEPH<br>3221 SOUTH OCEAN BLVD. #908<br>HIGHLAND BEACH, FL 33487 | <input type="checkbox"/> Delete            |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>MAKAR, MICHAEL<br>7100 W. CAMINO REAL STE 406<br>BOCA RATON, FL 33433     | <input type="checkbox"/> Delete            |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>VANOUREK, ROBERT<br>7100 W CAMINO REAL STE 406<br>BOCA RATON, FL 33433     | <input checked="" type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>TINDALL, TRACY A<br>7100 W CAMINO REAL STE #406<br>BOCA RATON, FL 33433   | <input type="checkbox"/> Delete            |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SAVAGE GOWARD L<br>25 CUSHING DRIVE<br>ESSEX JUNCTION VT 05452             | <input type="checkbox"/> Delete            |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SAVAGE GOWARD L<br>25 CUSHING DRIVE<br>ESSEX JUNCTION VT 05452             | <input type="checkbox"/> Delete            |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |  |  |  |
| SIGNATURE: <u><i>[Signature]</i></u> , CEO<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | Date: <u>2/1/08</u> Daytime Phone #: <u>561-341-7887</u>   |  |  |

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