2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jun 04, 2007 8:00 am **Secretary of State**

06-04-2007 90403 001 ***300.00

DOCUMENT # P98000074643 DOLPHIN REALTY OF TAMPA BAY, INC. 66017836 Principal Place of Business Mailing Address 2525 PASADENA AVE SOUTH 2525 PASADENA AVE SOUTH SOUTH PASADENA, FL 33707 SOUTH PASADENA, FL 33707 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 25.25 PASADENA AVE. 5 3535 PAGADENA AVE.S. Suite, Apt. #. etc. Suite, Apt. #, etc. 05242007 CR2E034 (12/06) Cha-P 4 FELNumber Applied For City & State 52-2117838 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROIDA, JOEL D ESQ Street Address (P.O. Box Number is Not Acceptable) 605 75TH AVE ST PETERSBURG, FL 33706 City Zip Code FΙ 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. 5-30-07 gent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition COREY, WILLIAM NAME NAME STREET ADDRESS 2525 PASADENA AVE SOUTH, STE L STREET ADDRESS SOUTH PASADENA, FL 33707 CITY-ST-ZIP CITY ST-7/P Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST-ZIP

12. Thereby certify that the information supplied with this filling 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 unuined 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 empoyaged.

SIGNATURE: