2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000094327

1. Entity Name

BULL DOLPHIN ENTERPRISES, INC.



FILED Feb 04, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

10 N. PARK AVE. APOPKA, FL 32703 10 N PARK AVE APOPKA, FL 32703 US



DO NOT WRITE IN THIS SPACE

01292008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3542324

S. Certificate of Status Desired

4. FEI Number
59-3542324

Sapplied For
Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, BRYAN 10 N PARK AVE APOPKA, FL 32703

SIGNATURE:

the obligations of registered agent

DO NOT WRITE IN THIS SPACE

SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
Signature, typed or printed name of registered agent and title in applicable (NOTE Hegistered Agent signature required when retristating).						
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			5.00 May Be dded to Fees			
10. OFFICERS AND DIRECTORS]			图 21. 经基础方式	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, BRYAN F 10 N. PARK AVE. APOPKA, FL 32703					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					100000081583 100000081583 102x14x08;80024	-022 <u>115</u> 0100
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRIT	
TITLE NAME STREET ADDRESS CITY-ST-ZiP				IN.	THIS SPAC	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 a other like empowered.						

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