

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90231 035 \*\*\*150.00

<b>DOCUMENT # S57950</b> 1. Entity Name <b>DOLPHIN BUILDING MATERIALS, INC.</b>					
Principal Place of Business <b>945 WAGNER PLACE FT. PIERCE, FL 34982</b>			Mailing Address <b>945 WAGNER PLACE FT. PIERCE, FL 34982</b>		
2. Principal Place of Business - No P.O. Box # <b>315 Ave A</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 3688</b> Suite, Apt. #, etc.			
City & State <b>Ft Pierce, FL</b> Zip <b>34950</b>		City & State <b>Ft Pierce, FL</b> Zip <b>34948</b>		4. FEI Number <b>65-0265311</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CRIPPEN, STANDISH C 945 WAGNER PLACE FT. PIERCE, FL 34982</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>116 Castle Ct</b> City <b>Ft Pierce</b>	
State <b>FL</b>		State <b>FL</b>		Zip Code <b>34949</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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD CRIPPIN, STANDISH C 945 WAGNER PLACE FT. PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	315 Ave A Ft Pierce FL 34950
TITLE NAME STREET ADDRESS CITY-ST- ZIP	ST CRIPPEN, AUDREY C 945 WAGNER PLACE FT PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	315 Ave A Ft Pierce FL 34950
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD HOWELL, DANIEL A 945 WAGNER PL FT PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	315 Ave A Ft Pierce FL 34950
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input 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: 			Date: <b>4-29-08</b> Daytime Phone: #		