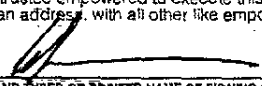


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # F03000005533</b><br>1. Entity Name<br><b>THAT'S THE POINT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |  |
| Principal Place of Business<br><b>2740 SW MARTIN DOWNS BLVD<br/>#127<br/>PALM CITY, FL 34990</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Mailing Address<br><b>2740 SW MARTIN DOWNS BLVD<br/>#127<br/>PALM CITY, FL 34990</b>                                       |                                                                                   |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |                                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>BURSTEIN, WILLIAM<br/>3886 SW BIMINI CIRCLE S<br/>PALM CITY, FL 34990</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                            | <b>DO NOT WRITE<br/>IN THIS SPACE</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 _____<br><small>Signature typed or printed name of registered agent and the, if applicable, NOTE: Registered Agent signature required when retreating.</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                            |                                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |                                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CP<br>BURSTEIN, WILLIAM<br>3886 SW BIMINI CIR S<br>PALM CITY, FL 34990                                                     | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VC<br>BURSTEIN, ARLINE<br>3886 SW BIMINI CIRCLE S<br>PALM CITY, FL 34990                                                   |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |                                                                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <b>William Burstein</b> 3/1/05 286-9790<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Sent by Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                            |                                                                                   |



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**13-3810657**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

Applied For  
Not Applicable

U00000251741  
03/04/05-80063-006 150.00