2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000005533

1. Entity Name

THAT'S THE POINT, INC.



FILED Mar 21, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Ac

2740 SW MARTIN DOWNS BLVD

#127 PALM CITY, FL 34990 2740 SW MARTIN DOWNS BLVD #127

PALM CITY, FL 34990



DO NOT WRITE IN THIS SPACE

01052007 No Chg-P CR2E034 (11/05)

4. F£1 Number 13-3810657 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURSTEIN, WILLIAM 3886 SW BIMINI CIRCLE S PALM CITY, FL 34990

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	d office or i	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signeture, typed or printed name of registered agent and trite	f applicable. (NOTE: Registered	Agent signatur	required when remetaling)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE	CP				
NAME	BURSTEIN, WILLIAM				
STREET ADDRESS	3886 SW BIMINI CIR S				
CITY-SI-ZIP	PALM CITY, FL 34990				
TITLE	VC				
NAME	BURSTEIN, ARLINE				Liocococa (area
STREET ADDRESS CITY-ST-ZIP	3886 SW BIMINI CIRCLE S				U00000674753 03/29/07-80082-016 150.0
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TITLE			i		
NAME STREET ADDRESS					
CITY-ST-ZIP				DO	NOT WRITE
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NAME STREET ADDRESS	<u>.</u>				
CITY-ST-ZIP					
TITLE NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME :					
CTREET ADDRESS					

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 or address. With all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #