


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P06000010662			
1. Entity Name The Pure Ocean Water Company			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 10307 Matchlock Dr. Suite, Apt. #, etc.		3. Mailing Address 10307 Matchlock Dr. Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32821	Country USA	Zip 32821	Country USA
4. FEI Number 22-3920615		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Spiegel & Utrera, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor			
City Miami		FL	Zip Code 33145
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 _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Rick Fox 3673 CARAMBOLA Circle MELBOURNE, FL 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEE Fox - Sec. 3673 CARAMBOLA Circle MELBOURNE, FL 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400102212534 05/11/07--01013--029 **150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Rick Fox</u> Rick Fox		4/17/07	310-920-0530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
07 MAY -1 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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