2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S07357

FILED May 01, 2006 Secretary of State

Entity Name: REVERSE OSMOSIS OF SOUTH FLORIDA INC

Current Principal Place of Business:		New Principal Pla	New Principal Place of Business:	
150 SE 29 CT FORT LAUDERDALE, FL 33316		SUITE 108	2860 WEST STATE ROAD 84 SUITE 108 FORT LAUDERDALE, FL 33312	
Current Mailing Address:		New Mailing Address:		
150 SE 29 FORT LAI	OCT UDERDALE, FL	33316	2860 WEST STATI SUITE 108 FORT LAUDERDA	
FEI Number	r: 65-0227082	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Addres	Name and Address of New Registered Agent:	
	/ Th U.I			
DAVIE, FL The above in the Stat	e named entity su e of Florida.	Ibmits this statement for the	purpose of changing its regist	ered office or registered agent, or both,
DAVIE, FL The above	_ 33324 US e named entity su e of Florida. RE:	ubmits this statement for the		ered office or registered agent, or both, Date
DAVIE, FL The above in the Stat SIGNATU In accordar	e named entity sure of Florida. RE: Electronic		ent	
DAVIE, FL The above in the Stat SIGNATU In accordar Election Ca	e named entity sure of Florida. RE: Electronic	c Signature of Registered Ag 2)(b), F.S., the corporation did n Trust Fund Contribution ().	ent ot receive the prior notice.	
DAVIE, FL The above in the Stat SIGNATU In accordar Election Ca	e named entity sure of Florida. RE: Electronic nce with s. 607.193(Impaign Financing)	c Signature of Registered Ag 2)(b), F.S., the corporation did n Trust Fund Contribution (). ORS:	ent ot receive the prior notice.	Date

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTIN GRAHAM SEC 05/01/2006