

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S07357

FILED
May 11, 2007
Secretary of State

Entity Name: REVERSE OSMOSIS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

2860 WEST STATE ROAD 84
SUITE 108
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

2860 WEST STATE ROAD 84
SUITE 108
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 65-0227082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, KRISTIN J
10100 SW 16 CT
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRAHAM, JAMES A
Address: 10100 SW 16 CT
City-St-Zip: DAVIE, FL 33324

Title: D () Delete
Name: GRAHAM, KRISTIN S
Address: 10100 SWC 16 CT
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

VP

05/11/2007

Electronic Signature of Signing Officer or Director

Date