

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S30057

FILED
Jul 10, 2007
Secretary of State

Entity Name: THE ORIGINAL WATER DOCTOR, INC

Current Principal Place of Business:

6559 N.W. 40TH CT.
BOCA RATON, FL 33496 US

New Principal Place of Business:

1141 HOLLAND DRIVE
SUITE 21
BOCA RATON, FL 33487 US

Current Mailing Address:

TURNING POINT ENTERPRISES, INC.
6559 N.W. 40TH CT.
BOCA RATON, FL 33496 US

New Mailing Address:

1141 HOLLAND DRIVE
SUITE 21
BOCA RATON, FL 33487 US

FEI Number: 65-0239429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, BILL PRESIDE
6559 N.W. 40TH CT.
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

BSPA CORPORATE SERVICES, INC.
350 E. LAS OLAS BLVD.
SUITE 1000
FT. LAUDERDALE, FL 33301 US

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: STEVEN GARELLEK, VICE PRESIDENT
Electronic Signature of Registered Agent

07/10/2007
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: PRES () Delete
Name: MILLER, BERNARD B.,
Address: 6559 NW 40TH CT.
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: SWICKI, LENORE K
Address: 6633 CASA GRADE WAY
City-St-Zip: DELRAY BEACH, FL 33446

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: LENORE KALDOR SWICKI
Electronic Signature of Signing Officer or Director

DPS
07/10/2007
Date