

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058530

Entity Name: CABINET CLINIC INC.

FILED  
Feb 14, 2006  
Secretary of State

**Current Principal Place of Business:**

1567 NE 21ST TERR.  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

1567 NE 21ST TERR.  
JENSEN BEACH, FL 34957

**New Mailing Address:**

FEI Number: 65-1113578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAXWELL, KIMBERLY  
1567 NE 21ST TERR.  
JENSEN BEACH, FL 34957 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MAXWELL, KIMBERLY  
Address: 1567 NE 21ST TERR.  
City-St-Zip: JENSEN BEACH, FL 34957

Title: VP ( ) Delete  
Name: MAXWELL, VICTOR  
Address: 1567 N E 21 TER  
City-St-Zip: JENSEN BEACH, FL 34957

Title: SEC ( ) Delete  
Name: MAXWELL, WESLEY  
Address: 1567 N E 21 TER  
City-St-Zip: JENSEN BEACH, FL 34957

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: KIMBERLY MAXWELL

PRES

02/14/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date