

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058530

FILED
Apr 18, 2007
Secretary of State

Entity Name: CABINET CLINIC INC.

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:

ALL FLORIDA FIRM, INC.
465 S. VOLUSIA AVE.
SUITE C
ORANGE CITY, FL 32763 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: DEVIN NEWMAN ASST. SECRETARY
Electronic Signature of Registered Agent

04/18/2007
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
Electronic Signature of Signing Officer or Director

P
04/18/2007
Date