

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058530

FILED
Mar 05, 2009
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:

285 MONTERERY RD
STUART, FL 34957

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:

ALL FLORIDA FIRM, INC.
465 S. VOLUSIA AVE.
SUITE C
ORANGE CITY, FL 32763 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAXWELL, VICTOR
Address: 1567 NE 21ST TERR.
City-St-Zip: JENSEN BEACH, FL 34957

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: VICTOR MAXWELL

P

03/05/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date