


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90041 004 \*\*\*150.00

**DOCUMENT # P07000018170**

1. Entity Name  
**KEEPING COMPANY INC.**



Principal Place of Business  
**6675 F. MONTEGO BAY BOULEVARD  
 BOCA RATON, FL 33433**

Mailing Address  
**6675 F. MONTEGO BAY BOULEVARD  
 BOCA RATON, FL 33433**

2. Principal Place of Business - No P.O. Box #  
**7040 W Palmetto Park Rd**

3. Mailing Address  
**6675 F Montego Bay Blvd**

Suite, Apt. #, etc.  
**Ste # 1**

Suite, Apt. #, etc.

City & State  
**Boca Raton FL**

City & State  
**Boca Raton FL**

Zip  
**33433** Country  
**USA**

Zip  
**33433** Country  
**USA**



01152008 Chg-P CR2E034 (12/06)

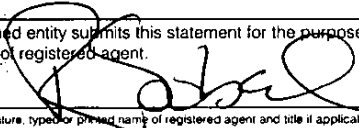
4. FEI Number  
**20-8432935** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WEINSTEIN, JEFFREY C ESQ.  
 5499 NORTH FEDERAL HIGHWAY, SUITE K  
 BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

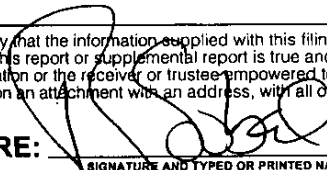
DATE **Jan 17 2008**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SOBEL, ROBYNE</b> <b>6675 F. MONTEGO BAY BOULEVARD</b> <b>BOCA RATON, FL 33433</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SOBEL, ROBYNE</b> <b>6675 F Montego Bay Blvd</b> <b>Boca Raton FL 33433</b>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **Jan 17 2008** DATE

DAYTIME PHONE # **561 447 4117** DAYTIME PHONE #