FILED
May 05, 2005 8:00 am
Secretary of State
03-18-2005 90056 019 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000071104

1. Entity Name
KEEPER OF THE HOUSE, INC.

66016049

Principal Place of Business	Mailing Address
4521 PGA BLVD., SUITE 414 W. PALM BCH, FL 33418	4521 PGA BLVD., SUITE 414 W. PALM BCH, FL 33418 33410

12990 Larochelle circle Palm beach Gardens

2. Principal Place of Business	3. Mailing Address
12990 LAROCHELLE circle	12990 LAROCHELLE circle
Suite, Apt. #, etc. Palm beach Gardens	Suite, Apt. #, etc. Palm beach Gardens
City & State Florida	City & State Florida
Zip / Country	Zip 33410 Country West Palm

03042005 Chg-P CR2E034 (10/03)

4. FEI Number 54-2151309 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARRETO, JAMES S
4521 PGA BLVD., SUITE 414
W. PALM BCH, FL 33418

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 James Barreto
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	PD BARRETO, JAMES S 4521 PGA BLVD., SUITE 414 W. PALM BCH, FL 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD WHUDYGA, MICHELLE M 4521 PGA BLVD., SUITE 414 W. PALM BCH, FL 33418	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X James B X 2/14/5 X (561-723-5911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #