

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90019 043 ***150.00

DOCUMENT # P06000095316					
1. Entity Name CLOSETS MADE SIMPLE INC					
Principal Place of Business 6779 HOULTON CIR LAKE WORTH, FL 33467			Mailing Address 6779 HOULTON CIR LAKE WORTH, FL 33467		
2. Principal Place of Business - No P.O. Box # 9020 BELLHURST WAY Suite, Apt. #, etc. 104		3. Mailing Address 6779 HOULTON Circle Suite, Apt. #, etc.			
City & State WEST PALM BEACH, FL		City & State LAKE WORTH, FL		4. FEI Number 20-5224654	
Zip 33411		Country PALM BEACH		Zip 33467	
Country PALM BEACH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MAREK, ROBERT 6779 HOULTON CIR LAKE WORTH, FL 33467			7. Name and Address of New Registered Agent Name: N/A 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 _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MAREK, ROBERT STREET ADDRESS 6779 HOULTON CIR CITY-ST-ZIP LAKE WORTH, FL 33467	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME FRARACCIO, LEO STREET ADDRESS 6779 HOULTON CIR CITY-ST-ZIP LAKE WORTH, FL 33467	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8-6-07 561 512-9603 <small>Date Daytime Phone #</small>		

PD #1143