

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000089931

**FILED**  
**Mar 06, 2012**  
**Secretary of State**

**Entity Name:** CABINET KEEPER INC.

**Current Principal Place of Business:**

5401 HAVERHILL ROAD  
SUITE 105  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

9657 ILEX CIRCLE SOUTH  
PALM BEACH GARDENS, FL 33410 UN

**Current Mailing Address:**

5401 HAVERHILL ROAD  
SUITE 105  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

9657 ILEX CIRCLE SOUTH  
PALM BEACH GARDENS, FL 33410 UN

**FEI Number:** 27-3844293

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRYAN, MERIEL W  
5401 HAVERHILL ROAD  
SUITE 105  
WEST PALM BEACH, FL 33407 US

**Name and Address of New Registered Agent:**

BROCKMAN, ROBERT D  
9657 ILEX CIRCLE SOUTH  
PALM BEACH GARDENS, FL 33410 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: ROBERT D. BROCKMAN

03/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BRYAN, MERIEL W  
Address: 2719 RAVELLA WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33410 UN

Title: DVT  
Name: BROCKMAN, ROBERT D  
Address: 9657 ILEX CIRCLE SOUTH  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S  
Name: BROCKMAN, ADAM J  
Address: 9657 ILEX CIRCLE SOUTH  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby 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 all other like empowered.

SIGNATURE: ROBERT D. BROCKMAN

DVT

03/06/2012

Electronic Signature of Signing Officer or Director

Date