2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005656

Entity Name: KEYS TO PEACE, INC.

FILED Jun 27, 2009 Secretary of State

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
154 OCAL TAVERNIE	A DRIVE ER, FL 33070			
Current Mailing Address:		New Maili	New Mailing Address:	
PO BOX 1 [°] TAVERNIE	724 ER, FL 33070			
In accordan	: 30-0487144 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did no Address of Current Registered Agent:	· ·	• • • • • • • • • • • • • • • • • • • •	
DOWNING 154 OCAL	6, DENISE			
	named entity submits this statement for the $\mbox{\it p}$ e of Florida.	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATUF		ont	Data	
	Electronic Signature of Registered Age		Date	
OFFICERS	S AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete DOWNING, DENISE 154 OCALA DRIVE TAVERNIER, FL 33070	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V () Delete COLE, RON 171 INDIAN MOUND TRAIL TAVERNIER, FL 33070	Title: Name: Address: City-St-Zip:	V (X) Change () Addition COLE, RON PO BOX 701445 TAVERNIER, FL 33070	
Title: Name: Address: City-St-Zip:	ST () Delete STONER, MARI-ETTA 232 BUTTONWOOD LANE TAVERNIER, FL 33070	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition TERRASI, DIANNE S 120 RIVIERA DR. TAVERNIER, FL 33070	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition COPPOLA, DAVID F 93911 OVERSEAS HWY TAVERNIER, FL 33070	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition ROGERS, MARILYN PO BOX 701445 TAVERNIER, FL 33070	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE DOWNING P 06/27/2009