


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # 751689 1. Entity Name INTERNATIONAL CHURCH OF THE GOLDEN KEYS INC.	
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Principal Place of Business 10611 BAYSHORE RD. NORTH FORT MYERS, FL 33917	Mailing Address 10611 BAYSHORE RD. NORTH FORT MYERS, FL 33917
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1997282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HALE, NORMAN F 10611 BAYSHORE RD. N FT MYERS, FL 33917

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000752877 05/21/07-80035-001 61 25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HALE, NORMAN F. 10611 BAYSHORE RD. N FT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BASHAM, CAROLYN RR1 LARRY'S RIVER NOVA SCOTIA CANADA BOH 1TO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALE, ROGER S. 10611 BAYSHORE RD. N. FT. MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD NELSON, ELIZABETH A 10611 BAYSHORE RD NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAUSS, HELEN 1765 FOX TREE LANE SAN ANTONIO, TX 78248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUKE, HELEN 1813 HIGH ROAD TALLAHASSEE, FL 32303

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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 617, 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:  **April 30, 2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #