

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000002698**1. Entity Name  
KEYS TO LIFE INTERNATIONAL, INC.

|                             |                     |
|-----------------------------|---------------------|
| Principal Place of Business | Mailing Address     |
| 310 MAPLE STREET            | 310 MAPLE STREET    |
| TITUSVILLE FL 32780         | TITUSVILLE FL 32780 |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| 310 MAPLE PLACE                | 310 MAPLE PLACE     |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

|               |               |                                  |                                |
|---------------|---------------|----------------------------------|--------------------------------|
| City & State  | City & State  | 4. FEI Number                    | Applied For                    |
| TITUSVILLE FL | TITUSVILLE FL | <b>59-3636134</b>                | Not Applicable                 |
| Zip           | Country       | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 32780         |               | <input type="checkbox"/>         |                                |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                   | 7. Name and Address of New Registered Agent  |
| ARNOLD H. LEROY JR<br>310 MAPLE STREET<br><br>TITUSVILLE FL 32780 | Name<br>ARNOLD H. LEROY JR<br>Street Address (P.O. Box Number is Not Acceptable)<br>310 MAPLE PLACE<br><br>City<br>TITUSVILLE FL Zip Code<br>32780 |

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.

SIGNATURE \_\_\_\_\_ DATE **04/28/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

|                                     |   |  |
|-------------------------------------|---|--|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>Make Check Payable to<br/>Department of State</b> |
|-------------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>HAMMONDS DARREL<br>1425 GOLFVIEW DR<br>TITUSVILLE FL 32780 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>LINKOUS LARRY<br>4525 APOLLO RD<br>TITUSVILLE FL 32780 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>ARNOLD BRENDA J<br>310 MAPLE STREET<br>TITUSVILLE FL 32780 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>ARNOLD H. LEROY JR<br>310 MAPLE STREET<br>TITUSVILLE FL 32780 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **H. LeRoy Arnold Jr.** PRES 04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E037 (11/00)