

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2008
Secretary of State**

DOCUMENT# N00000002698

Entity Name: KEYS TO LIFE INTERNATIONAL, INC.

Current Principal Place of Business:

310 MAPLE PLACE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

310 MAPLE PLACE
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 59-3636134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, H. LEROY JR
310 MAPLE PLACE
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARNOLD, H. LEROY JR
Address: 227 SAILBOAT CIRCLE
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: ARNOLD, BRENDA J
Address: 227 SAILBOAT CIRCLE
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: THIBEAU, JEFFREY W
Address: 2525 TOUPS TRL
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: H LEROY ARNOLD, JR

PRES

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date