

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

4/47

04-04-2003 90158 035 ****61.25

DOCUMENT # N00000002698



1. Entity Name
KEYS TO LIFE INTERNATIONAL, INC.

Principal Place of Business
**310 MAPLE PLACE
TITUSVILLE FL 32780**

Mailing Address
**310 MAPLE PLACE
TITUSVILLE FL 32780**

55039251



2. Principal Place of Business
310 MAPLE PLACE
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
TITUSVILLE, FL

City & State

4. FEI Number **59-3636134**

Applied For
Not Applicable

Zip
32780

Country
U.S.A.

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARNOLD, H. LEROY JR 310 MAPLE PLACE TITUSVILLE FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JEFFREY W. THIBEAU 2525 TOUPS TRAIL TITUSVILLE, FL 32780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARNOLD, BRENDA J 310 MAPLE PLACE TITUSVILLE FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINKOUS, LARRY 4525 APOLLO RD TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAMMONDS, DARREL 1425 GOLFVIEW DR TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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)(i), 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03 **821-269-3911**
Date Daytime Phone #

CR2E037 (10/02)