

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000109983

FILED  
Apr 06, 2008  
Secretary of State

Entity Name: KEY OF LIFE INSTITUTE , INC

## Current Principal Place of Business:

165 WEKIVA SPRINGS RD., SUITE 167  
LONGWOOD, FL 32779

## New Principal Place of Business:

401 CENTER POINTE CIRCLE  
SUITE 1527  
ALTAMONTE SPRINGS, FL 32701

## Current Mailing Address:

165 WEKIVA SPRINGS RD., SUITE 167  
LONGWOOD, FL 32779

## New Mailing Address:

401 CENTER POINTE CIRCLE  
SUITE 1527  
ALTAMONTE SPRINGS, FL 32701

FEI Number: 26-1154306

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORRIS, ROSALYN A  
125 CROWN POINT CIR.  
LONGWOOD, FL 32779 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MORRIS, ROSALYN A  
Address: 125 CROWN POINT CIR.  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: ROSALYN A. MORRIS

PD

04/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date