

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000102217

**FILED**  
**Dec 21, 2011**  
**Secretary of State**

**Entity Name:** KEY TO LIFE THERAPIES INC.

**Current Principal Place of Business:**

105 NORTH COUNTY ROAD  
SUITE 200  
PALM BEACH, FL 33480 US

**New Principal Place of Business:**

270 SOUTH COUNTY ROAD  
PALM BEACH, FL 33480 US

**Current Mailing Address:**

105 NORTH COUNTY ROAD  
SUITE 200  
PALM BEACH, FL 33480 US

**New Mailing Address:**

270 SOUTH COUNTY ROAD  
PALM BEACH, FL 33480 US

**FEI Number:** 80-0519828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYMAN S. BRADFORD IV PA  
801 NORTHPOINTE PARKWAY - SUITE 17  
WEST PALM BEACH, FL 33407 US

**Name and Address of New Registered Agent:**

LYMAN S. BRADFORD IV  
801 NORTHPOINTE PARKWAY - SUITE 17  
WEST PALM BEACH, FL 33407 US

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: LYMAN S. BRADFORD IV

12/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KEY TO LIFE INC.  
Address: 2710 THOMES AVE  
City-St-Zip: CHEYENNE, WY 82001 US

Title: D  
Name: TOMAS, THOMAS  
Address: P.O. BOX 2431  
City-St-Zip: JUPITER, FL 33468 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS TOMAS

D

12/21/2011

Electronic Signature of Signing Officer or Director

Date