

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13738

FILED  
Apr 12, 2006  
Secretary of State

**Entity Name:** KEYS TO LIVING, INCORPORATED

**Current Principal Place of Business:**

2430 ESTANCIA BLVD., SUITE 112  
CLEARWATER, FL 33761 US

**New Principal Place of Business:**

14151 BUCZAK RD.  
BROOKSVILLE, FL 34614 US

**Current Mailing Address:**

2430 ESTANCIA BLVD., SUITE 112  
CLEARWATER, FL 33761 US

**New Mailing Address:**

14151 BUCZAK RD.  
BROOKSVILLE, FL 34614 US

**FEI Number:** 42-1137554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIELD, DAVID L.  
3143 HYDE PARK DR  
CLEARWATER, FL 33761 US

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

FIELD, DAVID L.  
3143 HYDE PARK DR  
CLEARWATER, FL 33761 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: DAVID L. FIELD

04/12/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WALKER, RON  
Address: 209 NESTLEBRANCK DR  
City-St-Zip: SAFETY HARBOR, FL

Title: SD ( ) Delete  
Name: FIELD, LONNA R  
Address: 3143 HYDE PARK DR.  
City-St-Zip: CLEARWATER, FL 33761

Title: TD ( ) Delete  
Name: WHITE, DAVID S  
Address: 2030 WEAVER PARK DR.  
City-St-Zip: CLEARWATER, FL 33765

Title: D ( ) Delete  
Name: NEGLEY, MICHAEL  
Address: 138 WOODCREEK DR. EAST  
City-St-Zip: SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WALKER, RON  
Address: 209 NESTLEBRANCK DR  
City-St-Zip: SAFETY HARBOR, FL 34695

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 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: LONNA R. FIELD

SD

04/12/2006

Electronic Signature of Signing Officer or Director

Date