FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 12, 2007 8:00 am Secretary of State

DOCUMENT # PC300087696 1. Entity Name FOUR KEYS REFERRAL'S INC.				02-12-2007 90096 004	***150.00
DO NOT WRITE IN THIS SPACE				40014723	
2. Principal Place of Business 2539 GARY CIRCLE UNIT # 306		3. Mailing Address		4001417	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State DUNEDIN, FL		City & State		4. FEI Number 65-0468938	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
34698				me and Address of Current Regis	
			Name		10.00 / Igoni
				HUEBNER ddress (P.O. Box Number is Not Acceptable)	
IN THIS SPACE			2539 GARY CIRCLE UNIT # 306		
		AUE			
			City DUNEDIN	FL	Zip Code 34698
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	116/4 1/20	ソ /	L. HUEBNER		2/10/2007
Signatu		registered agent and title if a		stered Agent signature required when reinstatir	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	. OFFICERS AN	ID DIRECTORS	11.		
TITLE :	PRESIDENT	R CAMPBELL-HUEBN	TITLE NAME		
STREET ADDRESS,	2539 GARY CIRCLE	UNIT # 306	STREET ADDRES	S	
CITY-ST-ZIP	DUNEDIN, FL. 34698 VICE PRESIDENT	5	CITY-ST-ZIP TITLE		
NAME	RONALD L. HUEBNE		NAME		
STREET ADDRESS CITY-ST-ZIP	2539 GARY CIRCLE UNIT # 306 DUNEDIN , FL. 34698		STREET ADDRES	5	
TITLE			TITLE		
NAME STREET ADDRESS			NAME STREET ADDRES	s bountu	
CITY-ST-ZIP			CITY-ST-ZIP	DO NOT W	/KIIE
TITLE NAME			TITLE NAME	IN THIS SE	PACE
STREET ADDRESS			STREET ADDRES	s	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME			TITLE NAME		
STREET ADDRESS			STREET ADDRES	s	
CITY-ST-ZIP			CITY-ST-ZIP TITLE		
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	S	
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 outing 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 Skatutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE: MALE X Live 24 RONALD L. HUEBNER VICE PRESIDEN 2/10/2007 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					