FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 10, 2008 8:00 am Secretary of State

DOCUMENT #793000087690 1. Entity Name FOUR KEYS REFERRAL'S INC.				03-10-2008 90051 031	***150.00	
		IN THIS S	PACE	40041249		
2. Principal Place of Business		3. Mailing Address		•		
2539 GARY CIRCLE UNIT # 306 Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number	Applied For	
DUNEDIN, FL		·		65-0468938	Not Applicable	
Zip 34698	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
			7. N	ame and Address of Current Regis	tered Agent	
DO NOT WRITE			Name RONALD L	Name RONALD L HUEBNER		
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable)			
	N THIS SP	ACE	2539 GARY	CIRCLE UNIT # 306		
			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		_		I Wanter	3/1/2008	
Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstating) DATE						
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 NAME	PRESIDENT GOLDIE J VANOVER CAMPBELL-HUEBN		TITLE NAME			
	2539 GARY CIRCLE UNIT # 306		STREET ADDRE	SS		
CITY-ST-ZIP TITLE	DUNEDIN, FL. 34698 VICE PRESIDENT		CITY-ST-ZIP TITLE			
	RONALD L. HUEBNER		NAME			
1	2539 GARY CIRCLE UNIT # 306 DUNEDIN , FL. 34698		STREET ADDRE	55		
TITLE NAME			TITLE NAME			
STREET ADDRESS			STREET ADDRE		IBITE	
CITY-ST-ZIP TITLE			CITY-ST-ZIP TITLE	35 DO NOT W		
NAME			NAME	IN THIS SE	ACE	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	SS		
TITLE			TITLE			
NAME STREET ADDRESS			NAME STREET ADDRE	SS		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		_	TITLE NAME			
STREET ADDRESS CITY-ST-ZIP		"	STREET ADDRE	SS		
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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.						
1 DA Man -						
SIGNATURE: RONALD L. HUEBNER VICE PRESIDE! 3/1/2008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davtime Phone #						
I SIGNA	TIONE AND LITTED OR	FRINTED NAME OF SIC	DIVING OFFICER OR	DIRECTOR Date Da	ytime Phone #	