2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# P98000004722

Entity Name: KEY FACTORS, INC.

Current Principal Place of Business:

10151 DOGWOOD AVENUE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

10151 DOGWOOD AVENUE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 65-0810738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAGGS, HADEN
10151 DOGWOOD AVENUE
PALM BEACH GARDENS, FL 33410 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: VD ( ) Delete
Name: STAGGS, ZACHARY
Address: 15782 73RD TERRACE NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VTD ( ) Delete
Name: STAGGS, HADEN
Address: 10151 DOGWOOD AVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD ( ) Delete
Name: STAGGS, MARY
Address: 10151 DOGWOOD AVE.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: PD ( ) Delete
Name: WEEKS, WALTER L III
Address: 2445 ALEXANDER LAKE DRIVE
City-St-Zip: MARIETTA, GA 30064

Title: V ( ) Delete
Name: DICKERSON, GREG
Address: 3226 NOTTY PINE TRAIL
City-St-Zip: MARIETTA, GA 30062

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: STAGGS, MARY
Address: 10151 DOGWOOD AVE.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: DICKERSON, GREG
Address: 3651 BLAKEFORD WAY
City-St-Zip: MARIETTA, GA 30062

Title: SV ( ) Change (X) Addition
Name: FLYNN, ANN SV
Address: N2283 COUNTY RD C
City-St-Zip: BAY CITY, WI 54723

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: HADEN STAGGS VTD 03/31/2009

Electronic Signature of Signing Officer or Director — Date