

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000058167

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Entity Name:** ACHILLES HEEL HIGH RISK LIFE INSURANCE, INC.

**Current Principal Place of Business:**

8000 N. FEDERAL HWY, STE. 216  
BOCA RATON, FL 33487

**New Principal Place of Business:**

2831 N. FEDERAL HWY, STE. 2  
BOCA RATON, FL 33431

**Current Mailing Address:**

8000 N. FEDERAL HWY, STE. 216  
BOCA RATON, FL 33487

**New Mailing Address:**

2831 N. FEDERAL HWY, STE. 2  
BOCA RATON, FL 33431

**FEI Number:** 26-4435813

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GANIS, LANCE  
8000 N. FEDERAL HWY, STE. 216  
BOCA RATON, FL 33487 US

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

GANIS, LANCE  
2831 N. FEDERAL HWY, STE. 2  
BOCA RATON, FL 33431 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: LANCE GANIS

02/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GANIS, LANCE  
Address: 4400 NW 30 ST, APT. 324  
City-St-Zip: COCONUT CREEK, FL 330662141

Title: D  
Name: ZWEIBEL, DAVID J.  
Address: 9700 ENCHANTED POINTE LANE  
City-St-Zip: BOCA RATON, FL 33496

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: LANCE GANIS

PRES

02/02/2011

Electronic Signature of Signing Officer or Director

Date