2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005705

Entity Name: 1-800-LIFE-INSURANCE AGENCY, INC.

FILED Mar 23, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
1035 SUNCAST LANE #130 EL DORADO HILLS, CA 95762		5170 GOLDEN FOOTHILL PARKWAY EL DORADO HILLS, CA 95762		
Current Mailing Address:		New Mailing Address:		
1035 SUNCAST LANE #130 EL DORADO HILLS, CA 95762		5170 GOLDEN FOOTHILL PARKWAY EL DORADO HILLS, CA 95762		
FEI Number: 71-0917274	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK SUITE 4 WESTON, FL 33331 U				
The above named entity in the State of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electro	nic Signature of Registered Age	ent	Date	

OFFICERS AND DIRECTORS:

 Title:
 PDST () Delete

 Name:
 LARDY, GARY R

 Address:
 1035 SUNCAST LANE #130

 City-St-Zip:
 EL DORADO HILLS, CA 95762

Election Campaign Financing Trust Fund Contribution ().

 Title:
 CS
 () Delete

 Name:
 LARDY, GARY R

 Address:
 1035 SUNCAST LANE #130

 City-St-Zip:
 EL DORADO HILLS, CA 95762

 Title:
 V
 () Delete

 Name:
 SIMONI, DANIEL

 Address:
 1035 SUNCAST LANE #130

 City-St-Zip:
 EL DORADO HILLS, CA 95762

 Title:
 VS
 (X) Delete

 Name:
 KINGHORN, DAVID W

 Address:
 1035 SUNCAST LANE #130

 City-St-Zip:
 EL DORADO HILLS, CA 95762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change () Addition
Name: LARDY, GARY R
Address: 5170 GOLDEN FOOTHILL PARKWAY
City-St-Zip: EL DORADO HILLS, CA 95762

Title: CS (X) Change () Addition Name: LARDY, GARY R

Address: 5170 GOLDEN FOOTHILL PARKWAY
City-St-Zip: EL DORADO HILLS, CA 95762

Title: V (X) Change () Addition

Name: LARDY, JERI

City-St-Zip:

Address: 5170 GOLDEN FOOTHILL PARKWAY
City-St-Zip: EL DORADO HILLS, CA 95762

Title: () Change () Addition Name: Address:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY R. LARDY PRES 03/23/2006