

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000058167

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

**Current Principal Place of Business:**

2604 NASSAU BEND  
E2  
COCONUT CREEK, FL 33066

**Current Mailing Address:**

PO BOX 1251  
POMPANO BEACH, FL 33061 US

**FEI Number: 26-4435813**

**Certificate of Status Desired:** Yes

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

GANIS, LANCE  
2604 NASSAU BEND  
E2  
COCONUT CREEK, FL 33066 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            D  
Name            GANIS, LANCE  
Address        2604 NASSAU BEND  
                  E2  
City-State-Zip: COCONUT CREEK FL 33066

*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

**PRESIDENT**

**04/26/2013**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date