## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F0000003460

City-St-Zip:

Entity Name: LIFE SETTLEMENT CORPORATION

FILED Mar 13, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
SUITE 450	INCI COURT DA SS, GA 30092	2 US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
3301 QUANTUM BLVD. 2ND FLOOR BOYNTON BEACH, FL 33426		3301 QUANTUM BLVD., 2ND FLOOR ATTN: MONICA ABBATE BOYNTON BEACH, FL 33426			
FEI Number	: 58-2548204	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:	
P O BOX 6 200 E. GA	JANCIAL OFFI 3200 (32314-6) INES ST SSEE, FL 323	200)			
	e named entity e of Florida.	submits this statement for t	the purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electron	nic Signature of Registered	Agent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	TERLIZZI, JAN 3301 QUANTUI	) Delete IES D M BLVD., 2ND FLOOR ACH, FL 33426	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	SERGIO, SALA 3301 QUANTUI	) Delete NI M BLVD., 2ND FLOOR ACH, FL 33426	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	TERLIZZI, JAN	M BLVD., 2ND FLOOR	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
		ACH, FL 33426			

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.

City-St-Zip:

SIGNATURE: CRAIG M. LESSNER SEC 03/13/2009

BOYNTON BEACH, FL 33426