2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# G53281

Entity Name: LIFE INSURANCE SCHOOL OF FLORIDA, INC.

Current Principal Place of Business:

8726 OLD CR 54
SUITE B
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

96 SE 6TH AVENUE
SUITE 1
DELRAY BEACH, FL 33483? US

New Mailing Address:

96 SE 6TH AVENUE
SUITE 1
DELRAY BEACH, FL 33483 US

FEI Number: 59-2318921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARRETT, EDWARD J
96 SE 6TH AVENUE
SUITE 1
DELRAY BEACH, FL 33483

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: P ( ) Delete
Name: BARRETT, EDWARD J
Address: 401 NE MIZNER BLVD. PH901
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDWARD J BARRETT PRES 04/27/2004

Electronic Signature of Signing Officer or Director Date