

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G53281

FILED
Mar 10, 2009
Secretary of State

Entity Name: LIFE INSURANCE SCHOOL OF FLORIDA, INC.

Current Principal Place of Business:

7137 CONGRESS ST
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

7137 CONGRESS ST.
NEW PORT RICHEY, FL 34653 US

New Mailing Address:

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
800 OCEAN AVE N.
UNIT 3
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

BARRETT, EDWARD J
3009 S. OCEAN BLVD.
UNIT 505
HIGHLAND BEACH, FL 33487 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

03/10/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARRETT, EDWARD J
Address: 3009 S. OCEAN BLVD, UNIT 505
City-St-Zip: HIGHLAND BEACH, FL 33487

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 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: EDWARD J. BARRETT

Electronic Signature of Signing Officer or Director

MR

03/10/2009

Date