

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000097391

FILED
Jan 19, 2009
Secretary of State

Entity Name: LIFE INSURANCE SETTLEMENTS, INC.

Current Principal Place of Business:

550 WEST CYPRESS CREEK RD SUITE 300
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

550 WEST CYPRESS CREEK RD SUITE 300
FT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-1144797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAYNOR, PETER M
550 WEST CYPRESS CREEK RD., STE. 300
FT. LAUDERDALE, FL 33309 US

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: PD () Delete
Name: GAYNOR, PETER M
Address: 550 WEST CYPRESS CREEK RD SUITE 300
City-St-Zip: FT LAUDERDALE, FL 33309

Title: STD () Delete
Name: HAYNIE, JOHN ROBERT JR
Address: 550 WEST CYPRESS CREEK RD SUITE 300
City-St-Zip: FT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PETER GAYNOR

PD

01/19/2009

Electronic Signature of Signing Officer or Director

Date