

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060315

FILED  
Jan 13, 2010  
Secretary of State

**Entity Name:** LIFE INSURANCE CONSULTANTS, INC.

**Current Principal Place of Business:**

2665 SOUTH BAYSHORE DRIVE  
SUITE 620  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2665 SOUTH BAYSHORE DRIVE  
SUITE 620  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

CECCHI, RUDOLPH  
2665 SOUTH BAYSHORE DRIVE  
SUITE 620  
MIAMI, FL 33133 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: D  
Name: CECCHI, RUDOLPH  
Address: 14627 SW 63 CT  
City-St-Zip: MIAMI, FL 33158

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: RUDOLPH CECCHI

DIR

01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date