2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# P07000028034

Entity Name: LIFE INSURANCE IN PARADISE INC.

Current Principal Place of Business:

480 SOUTH POINTE DRIVE
SUGARLOAF KEY, FL 33042

New Principal Place of Business:

480 SOUTH POINT DRIVE
SUGARLOAF KEY, FL 33042

Current Mailing Address:

480 SOUTH POINTE DRIVE
SUGARLOAF KEY, FL 33042

New Mailing Address:

480 SOUTH POINT DRIVE
SUGARLOAF KEY, FL 33042

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

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

KELLY, SHARON S
480 SOUTH POINT DRIVE
SUGARLOAF KEY, FL 33042 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: SHARON S. KELLY 01/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KELLY, SHARON S
Address: 480 SOUTH POINTE DRIVE
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: VSTD ( ) Delete
Name: KELLY, VINCENT F
Address: 480 SOUTH POINTE DRIVE
City-St-Zip: SUGARLOAF KEY, FL 33042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KELLY, SHARON S
Address: 480 SOUTH POINT DRIVE
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: VSTD (X) Change ( ) Addition
Name: KELLY, VINCENT F
Address: 480 SOUTH POINT DRIVE
City-St-Zip: SUGARLOAF KEY, FL 33042

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: SHARON S. KELLY PRES 01/29/2009
Electronic Signature of Signing Officer or Director Date