

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000028034

FILED
Apr 29, 2012
Secretary of State

Entity Name: LIFE INSURANCE IN PARADISE INC.

Current Principal Place of Business:

480 SOUTH POINT DRIVE
SUGARLOAF KEY, FL 33042

New Principal Place of Business:

Current Mailing Address:

480 SOUTH POINT DRIVE
SUGARLOAF KEY, FL 33042

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:

KELLY, SHARON S
480 SOUTH POINT DRIVE
SUGARLOAF KEY, FL 33042 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

OFFICERS AND DIRECTORS:

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

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

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: SHARON KELLY

PD

04/29/2012

Electronic Signature of Signing Officer or Director

Date