## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000069667

Entity Name: LIFE HORIZON OPTIONS OF FLORIDA, INC.

FILED Jan 29, 2008 Secretary of State

| Current Principa | al Place of Business: | New Principal Place of Business: |
|------------------|-----------------------|----------------------------------|
|                  |                       |                                  |

777 EAST ATLANTIC AVE. 7601 N. FEDERAL HWY. **SUITE C2 361** SUITE 200

DELRAY BEACH, FL 33483 BOCA RATON, FL 33487

**Current Mailing Address: New Mailing Address:** 

777 EAST ATLANTIC AVE. **SUITE C2 361** DELRAY BEACH, FL 33483

FEI Number: 26-0620338 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BALLEN, SAMUEL D WINTERS, JANICE 2295 NW CORPORATE BOULEVARD 7601 N. FÉDERAL HWY. SUITE 117 SUITE 200

BOCA RATON, FL 33431 US BOCA RATON, 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: JANICE WINTERS 01/29/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

WINTERS, JANICE WINTERS, JANICE Name: Name: 777 EAST ATLANTIC AVE., C2#361 777 EAST ATLANTIC AVE., C2#361 Address: Address:

City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: DELRAY BEACH, FL 33483

Title: MAN Title: () Change () Addition () Delete

Name: LOUGHRAN, JOSEPH IV Name: 777 EAST ATLANTIC AVE., STE. C2#361 Address: Address: DELRAY BEACH, FL 33483 City-St-Zip: City-St-Zip:

Title: Title: MAN (X) Delete () Change () Addition

SHAN, A.A. Name: Name:

777 EAST ATLANTIC AVE., STE. C2#361 Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 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: JANICE WINTERS DM 01/29/2008