

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000042490

Entity Name: LIFE ASSOCIATES, INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

1016 COLLIER CENTER WAY
COLLIER CORP. CENTER II, SUITE 104
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

% HENDERSON FRANKLIN
P.O. BOX 280
FORT MYERS, FL 339020280

New Mailing Address:

C/O HENDERSON FRANKLIN
P.O. BOX 280
FORT MYERS, FL 339020280

FEI Number: 65-0423454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNOR, MICHAEL J
1016 COLLIER CENTER WAY
COLLIER CORP. CENTER II, SUITE 104
NAPLES, FL 34110 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: DP () Delete
Name: O'CONNOR, MICHAEL J
Address: 1016 COLLIER CENTER WAY, SUITE 104
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: O'CONNOR, KEVIN
Address: 1016 COLLIER CENTER WAY, SUITE 104
City-St-Zip: NAPLES, FL 34110

Title: DVST () Delete
Name: O'CONNOR, MARY ANN
Address: 1016 COLLIER CENTER WAY, SUITE 104
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: HILL, KARA
Address: 1016 COLLIER CENTER WAY, SUITE 104
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHAEL O'CONNOR

DP

04/06/2009

Electronic Signature of Signing Officer or Director

Date