
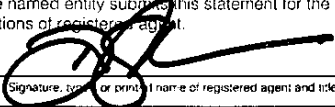
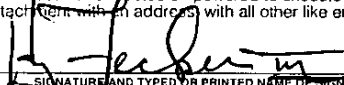


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90225 034 \*\*\*550.00

<b>DOCUMENT # P94000086691</b> 1. Entity Name <b>THE LIFE SETTLEMENT ALLIANCE, INC.</b>																													
Principal Place of Business <b>200 E BROWARD BLVD FORT LAUDERDALE, FL 33301</b>			Mailing Address <b>200 E BROWARD BLVD FORT LAUDERDALE, FL 33301</b>																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip		Country		Zip																									
6. Name and Address of Current Registered Agent  <b>NUTT, JAMES 200 E BROWARD BLVD FORT LAUDERDALE, FL 33301</b>				7. Name and Address of New Registered Agent Name <b>David S. Mandel</b> Street Address (P.O. Box Number is Not Acceptable) <b>169 E. Flagler St.</b> Suite 1200 City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>																									
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  <b>DAVID S. MANDEL</b> DATE: <b>5/11/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																										
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attached sheet with all other like empowered.																													
SIGNATURE:  <b>Henry Fecker</b> DATE: <b>5/11/05</b> 954 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>																													

**50052317**



05102005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0555664**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

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SIGNATURE:  **Henry Fecker**      DATE: **5/11/05**      954  
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