2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027254

Entity Name: LIFE PARTNERS INSURANCE GROUP, CORP.

FILED Feb 12, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9600 NW 38TH STREET 3RD FLOOR DORAL, FL 33178 **New Mailing Address: Current Mailing Address:** 9600 NW 38TH STREET 3RD FLOOR DORAL, FL 33178 FEI Number: 65-0653545 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: LEYVA, RAUL V 13344 SW 1 TERRACE MIAMI, FL 33184 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LEYVA, RAUL V LEYVA, RAUL V Name: Name: 13344 SW 1 TERRACE 13344 SW 1 TERRACE Address: Address: City-St-Zip: MIAMI, FL 33184 City-St-Zip: MIAMI, FL 33184 VΡ Title: VΡ (X) Change () Addition Title: () Delete RODRIGUEZ, MIGUEL A Name: Name: RODRIGUEZ, MIGUEL A 300 SW 48TH AVE. 10937 SW 70TH TERRACE Address: Address: MIAMI, FL 33134 MIAMI, FL 33173 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete DACAS, BRENDA DACAS, BRENDA Name: Name: 15634 NW 12TH CT 15634 NW 12TH CT Address: Address: City-St-Zip: HOLLYWOOD, FL 33028 City-St-Zip: HOLLYWOOD, FL 33028 Title: VΡ () Delete Title: (X) Change () Addition MONZON, PEDRO MONZON, PEDRO Name: Name: Address: 14790 SW 43RD WAY Address: 14790 SW 43RD WAY City-St-Zip: City-St-Zip: MIAMI, FL 33185 MIAMI, FL 33185 Title: CST Title: () Delete () Change () Addition HERNANDEZ FUMERO, MARIO Name: Name: 7525 SW 72ND CT Address: Address: City-St-Zip: MIAMI, FL 33163 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BRENDA DACAS P 02/12/2007