


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90131 044 ***150.00

DOCUMENT # P98000000664

1. Entity Name
HANNOVER LIFE RE CONSULTANTS, INC.



Principal Place of Business
**800 N. MAGNOLIA AVE
STE 1400
ORLANDO FL 32803**

Mailing Address
**800 N. MAGNOLIA AVE
STE 1400
ORLANDO FL 32803**

10032207



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3480327**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BRAZIEL, DENNIS D
800 N. MAGNOLIA AVE
STE 1400
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME DPC BECKE, WOLF S	<input type="checkbox"/> Delete
STREET ADDRESS KARL WIECHERT ALLEE 50	
CITY-ST-ZIP HANNOVER,GERMANY 30625	
TITLE NAME DTS BRAZIEL, DENNIS D	<input type="checkbox"/> Delete
STREET ADDRESS 800 N. MAAGNOLIA AVE.	
CITY-ST-ZIP ORLANDO FL 32803	
TITLE NAME V HEINEMANN, AXEL	<input type="checkbox"/> Delete
STREET ADDRESS KARL WIECHERT ALLE 50	
CITY-ST-ZIP HANNOVER, GERMAY 30625	
TITLE NAME V LEE, JONATHAN W	<input type="checkbox"/> Delete
STREET ADDRESS 800 N. MAGNOLIA AVE	
CITY-ST-ZIP ORLANDO FL 32803	
TITLE NAME DV SCHAEFER, PETER R	<input type="checkbox"/> Delete
STREET ADDRESS 800 N MAGNOLIA AVE	
CITY-ST-ZIP ORLANDO FL 32803	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/02)

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 attachment with an address, with all other like empowered.

SIGNATURE: *Denise Schaefer* **REQUIRED** 2/12/2003 407-649-8411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #