


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

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| <b>DOCUMENT # P98000056507</b><br>1. Entity Name<br>LIFE PARTNERS, INC. |  |
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| Principal Place of Business<br>32 NORTH BUMBY AVE.<br>ORLANDO, FL 32803 US | Mailing Address<br>8331 SW 4TH ST<br>MIAMI, FL 33144 US |
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04112008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number<br>59-3530286  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent<br><br>JUAREZ, JOCELYN T<br>8331 SW 4TH ST<br>MIAMI, FL 33144 |
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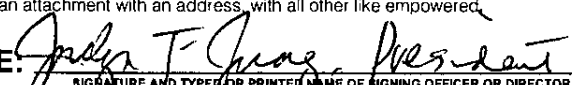
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |             |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  | DATE: _____ |

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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JUAREZ, JOCELYN T<br>436 ALTALOMA AVE<br>ORLANDO, FL 32803 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JUAREZ, LYN<br>436 ALTALOMA AVE<br>ORLANDO, FL 32803       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JUAREZ, JOCELYN<br>436 ALTALOMA AVE<br>ORLANDO, FL 32803   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JUAREZ, LYN P<br>436 ALTALOMA AVE<br>ORLANDO, FL 32803     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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| <p>U000000894703<br/>04/24/08-80038-015 158.75</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |   |
| <b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   | Date: <b>4/12/08</b> Daytime Phone #: <b>305-552-6678</b> |