


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90069 021 ***150.00

DOCUMENT # K13117 1. Entity Name MAGNA LIFE SETTLEMENTS, INC.	
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Principal Place of Business 1320 S. DIXIE HWY #350 SUITE 350 CORAL GABLES, FL 33146 US	Mailing Address 1320 S. DIXIE HWY #350 SUITE 350 CORAL GABLES, FL 33146 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

01082008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0026888	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCM MENENDEZ, ROSA M <input checked="" type="checkbox"/> Delete 1320 S. DIXIE HWY. SUITE 350 CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rencurrell, Ramiro <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1320 S. Dixie Hwy., 6TH Floor Coral Gables FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARIAS, RAFAEL <input checked="" type="checkbox"/> Delete 1320 S. DIXIE HWY. SUITE 350 CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bush, Brent <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1320 S. Dixie Hwy., 6TH Floor Coral Gables FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIERRA, ANTHONY F <input type="checkbox"/> Delete 1320 S DIXIE HWY. 6TH FLOOR CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anti-Fraud/Compliance officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Barbato, Annemarie 1320 S. Dixie Hwy., 6TH Floor Coral Gables FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DE ARMAS, ELOY <input type="checkbox"/> Delete 1320 S DIXIE HWY 6TH FLOOR CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUNCAN, ROSARIO P <input type="checkbox"/> Delete 1320 S DIXIE HWY 6TH FLOOR CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIERRA, ANTONIO M <input checked="" type="checkbox"/> Delete 1320 S DIXIE HWY 6TH FLOOR CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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: Rosario P. Duncan, Secretary 1/17/08 305648-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #