

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K13117

FILED
Jan 08, 2009
Secretary of State

Entity Name: MAGNA LIFE SETTLEMENTS, INC.

Current Principal Place of Business:

1320 S. DIXIE HWY #350
SUITE 350
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

1320 S. DIXIE HWY #350
SUITE 350
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 65-0026888 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

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: CHIEF FINANCIAL OFFICER 01/08/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RENEURELL, RAMIRO
Address: 1320 S DIXIE HWY 6TH FL
City-St-Zip: MIAMI, FL 33146 US

Title: VP () Delete
Name: BUSH, BRENT
Address: 1320 S DIXIE HWY 6TH FL
City-St-Zip: MIAMI, FL 33146 US

Title: VD () Delete
Name: SIERRA, ANTHONY F
Address: 1320 S DIXIE HWY. 6TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: DV () Delete
Name: DE ARMAS, ELOY
Address: 1320 S DIXIE HWY 6TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: DS () Delete
Name: DUNCAN, ROSARIO P
Address: 1320 S DIXIE HWY 6TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: AFCO () Delete
Name: BARBATO, ANNEMARIE
Address: 1320 S DIXIE HWY 6TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROSARIO P. DUNCAN S 01/08/2009

Electronic Signature of Signing Officer or Director Date