


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90063 020 ***150.00

DOCUMENT # F66454 1. Entity Name AMERICAN LIFESTYLE, INC.	
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Principal Place of Business 5655 CARDER RD. ORLANDO, FL 32810-4709 US	Mailing Address 5655 CARDER RD. ORLANDO, FL 32810-4709 US
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2. Principal Place of Business 2816 Shadow View Cir	3. Mailing Address 2816 Shadow View Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Maitland, Fl	City & State Maitland, Fl
Zip 32751-7518	Country
Country	Zip 32751-7518
Country	Country



03062004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2158202	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUFFINE, ROBERT A 5655 CARDER RD. ORLANDO, FL 32810	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2816 Shadow View Circle City Maitland State FL Zip 32751
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PDC HUFFINE, ROBERT A 5655 CARDER ROAD ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert A. Huffine <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2816 Shadow View Circle Maitland, Fl 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS HUFFINE, MARJORIE H 5655 CARDER ROAD ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marjorie H. Huffine <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2816 Shadow View Circle Maitland, Fl 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: Robert A. Huffine Robert A. Huffine 3/14/04 407-628-5536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #