

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F66454

FILED
Apr 14, 2005
Secretary of State

Entity Name: AMERICAN LIFESTYLE, INC.

Current Principal Place of Business:

2816 SHADOW VIEW CIR
MAITLAND, FL 32751 US

New Principal Place of Business:

0122 PEAK VIEW
AVON, CO 81620 US

Current Mailing Address:

2816 SHADOW VIEW CIR
MAITLAND, FL 32751 US

New Mailing Address:

P. O. BOX 4059
EDWARDS, CO 816324059 US

FEI Number: 59-2158202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUFFINE, ROBERT A
2816 SHADOW VIEW CIRCLE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

ROBERT A. HUFFINE
2816 SHADOW VIEW CIRCLE
MAITLAND, FL 327517518 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: ROBERT A. HUFFINE

04/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: HUFFINE, ROBERT A
Address: 2816 SHADOW VIEW CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: VTS () Delete
Name: HUFFINE, MARJORIE H
Address: 2816 SHADOW VIEW CIRCLE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change () Addition
Name: HUFFINE, ROBERT A
Address: P. O. BOX 4059
City-St-Zip: EDWARDS, CO 816324059 US

Title: VTS (X) Change () Addition
Name: HUFFINE, MARJORIE H
Address: P. O. BOX 4059
City-St-Zip: EDWARDS, CO 816324059 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT A. HUFFINE

PRES

04/14/2005

Electronic Signature of Signing Officer or Director

Date