# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F66454

**Entity Name:** AMERICAN LIFESTYLE, INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 0122 PEAK VIEW<br>AVON, CO  81620    US | |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| P. O. BOX 4059<br>EDWARDS, CO  816324059  US | |

FEI Number: 59-2158202     FEI Number Applied For ( )     FEI Number Not Applicable ( )     Certificate of Status Desired (X)

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| ROBERT A. HUFFINE<br>2816 SHADOW VIEW CIRCLE<br>MAITLAND, FL  327517518  US | ROBERT A. HUFFINE<br>P O BOX 4059<br>EDWARDS, FL  816324059  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: _____     03/23/2006

       Electronic Signature of Registered Agent                    Date

**Election Campaign Financing Trust Fund Contribution ( ).**

| **OFFICERS AND DIRECTORS:** | **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:** |
|---|---|
| Title: PDC        ( ) Delete<br>Name: HUFFINE, ROBERT A<br>Address: P. O. BOX 4059<br>City-St-Zip: EDWARDS, CO  816324059 US | Title:                    ( ) Change  ( ) Addition<br>Name:<br>Address:<br>City-St-Zip: |
| Title: VTS        ( ) Delete<br>Name: HUFFINE, MARJORIE H<br>Address: P. O. BOX 4059<br>City-St-Zip: EDWARDS, CO  816324059 US | Title:                    ( ) Change  ( ) Addition<br>Name:<br>Address:<br>City-St-Zip: |

I hereby certify that the information supplied with this filing does not qualify for the 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:  ROBERT A. HUFFINE                         MR.                  03/23/2006

      Electronic Signature of Signing Officer or Director                        Date