

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H96484

FILED  
May 16, 2008  
Secretary of State

**Entity Name:** AMERICAN LIFE AND HEALTH GROUP, INC.

**Current Principal Place of Business:**

1013 LUCERNE AVENUE  
SUITE 200  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

1013 LUCERNE AVENUE  
SUITE 200  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

FEI Number: 59-2695248      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MANKAMYER, MICHELE L.  
1013 LUCERNE AVENUE  
SUITE 200  
LAKE WORTH, FL 33460 US

**Name and Address of New Registered Agent:**

MANKAMYER, MICHELE L.  
1013 LUCERNE AVENUE  
SUITE 200  
LAKE WORTH, FL 33460 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: MICHELE L MANKAMYER      05/16/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTVP ( ) Delete  
Name: MANKAMYER, MICHELE L  
Address: 1013 LUCERNE AVENUE SUITE 200  
City-St-Zip: LAKE WORTH, FL 33460

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MICHELE L MANKAMYER      P      05/16/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date