

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M96185

FILED
Jan 03, 2005
Secretary of State

Entity Name: AMERICAN HEALTH AND LIFE SERVICES, INC.

Current Principal Place of Business:

9738 US HWY 441
SUITE 104
LEESBURG, FL 34788

New Principal Place of Business:

27701 CYPRESS GLEN COURT
YALAH, FL 34797

Current Mailing Address:

9738 US HWY 441
SUITE 104
LEESBURG, FL 34788

New Mailing Address:

27701 CYPRESS GLEN COURT
YALAH, FL 34797

FEI Number: 59-2908247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ALFRED P.
9738 US HWY 441
SUITE 104
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

SMITH, ALFRED P.
27701 CYPRESS GLEN COURT
YALAH, FL 34797 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:

01/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, ALFRED P.,
Address: 9738 US HWY 441 SUITE 104
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, ALFRED P.,
Address: 27701 CYPRESS GLEN COURT
City-St-Zip: YALAH, FL 34797

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: ALFRED P SMITH

P

01/03/2005

Electronic Signature of Signing Officer or Director

Date