2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0400000549

Entity Name: AMERICAN LIFE ENTERPRISES, INC.

FILED Feb 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3347 S WESTSHORE BLVD, STE 1 4601 GANDY BLVD TAMPA, FL 33639 TAMPA, FL 33611

Current Mailing Address: New Mailing Address:

P O BOX 130061 TAMPA, FL 33681

FEI Number: 20-0566106 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:

FOWLER WHITE BOGGS BANKER, P.A. SHADDAY, LAWRENCE R PRES. 4601 GANDY BLVD. 501 E KENNEDY BLVD, STE 1700 TAMPA, FL 33639 TAMPA, FL 33611 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: LAWRENCE SHADDAY 02/28/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SHADDAY, LAWRENCE SHADDAY, LAWRENCE Name: Name: PO BOX 130061 3347 S WESTSHORE BLVD SUITE 1 Address: Address: City-St-Zip: TAMPA, FL 33681

City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

Ρ SIGNATURE: LAWRENCE SHADDAY 02/28/2006

Electronic Signature of Signing Officer or Director

Date