

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091050

Entity Name: AMERICAN LIFE HOMES, INC.

FILED
May 05, 2009
Secretary of State

Current Principal Place of Business:

750 OFFICE PLAZA BLVD
SUITE 302-1
KISSIMMEE, FL 34744

New Principal Place of Business:

126 BRIXHAM CT
KISSIMMEE, FL 34758

Current Mailing Address:

PO BOX 422618
KISSIMMEE, FL 34742

New Mailing Address:

FEI Number: 20-5196178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NIEVES, JESUS
126 BRIXHAM CT
KISSIMMEE, FL 34758 US

Name and Address of New Registered Agent:

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: _____

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: DPT () Delete
Name: NIEVES, JESUS
Address: P.O .BOX 422618
City-St-Zip: KISSIMMEE, FL 34742

Title: VS () Delete
Name: ORENGO, MARIA
Address: PO BOX 422618
City-St-Zip: KISSIMMEE, FL 34742

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JESUS NIEVES

PDT

05/05/2009

Electronic Signature of Signing Officer or Director

Date