2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P96000089778

Entity Name: AMERICAN LIBERTY, INC.

Current Principal Place of Business:

190 O'BRIEN ROAD
FERN PARK, FL 327302806 US

New Principal Place of Business:

760 NORTH LAKEMONT AVENUE
SUITE A
WINTER PARK, FL 32792 US

Current Mailing Address:

190 O'BRIEN ROAD
FERN PARK, FL 327302806 US

New Mailing Address:

760 NORTH LAKEMONT AVENUE
SUITE A
WINTER PARK, FL 32792 US

FEI Number: 59-3408439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

G. MICHAEL SULLIVAN
308 EAST HILLCREST STREET
ALTAMONTE SPRINGS, FL, FL 32701 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: G. MICHAEL SULLIVAN 04/30/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SULLIVAN, JUNE WOODRUFF
Address: 308 E HILLCREST ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VSTD ( ) Delete
Name: SULLIVAN, G. MICHAEL
Address: 308 E HILLCREST ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: WILLIAMS, JENNIFER JUNE
Address: 308 E HILLCREST ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: MALQUIST, MICHELLE RENEE
Address: 308 E HILLCREST ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: SILVA, REBECCA KAY
Address: 308 E HILLCREST ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: HAMMOND, AMY LYNN
Address: 308 E HILLCREST ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: G. MICHAEL SULLIVAN VSTD 04/30/2005
Electronic Signature of Signing Officer or Director Date