

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V63704

FILED
Mar 31, 2009
Secretary of State

Entity Name: AFFORDABLE LIFESTYLES, INC

Current Principal Place of Business:

5139 1ST ROAD
LAKEWORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

5139 1ST ROAD
LAKEWORTH, FL 33467 US

New Mailing Address:

FEI Number: 65-0367554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFF, SARA
5139 1ST RD
LAKEWORTH, FL 33467 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: REINSCHREIBER, HELENE
Address: 2338 LA VIDA WAY
City-St-Zip: BOCA RATON, FL 33433

Title: P () Delete
Name: WOLFF, JEFF
Address: 5139 1ST RD
City-St-Zip: LAKEWORTH, FL 33467

Title: S () Delete
Name: WOLFF, SARA
Address: 5139 1ST RD
City-St-Zip: LAKEWORTH, FL 33467

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:

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: JEFF WOLFF

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date