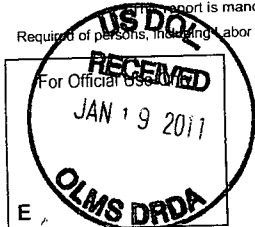


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.
Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

441501

1. File Number C- <u>701</u>	2. Period Covered By This Report From: <u>01 / 01 / 2010</u> Through: <u>12 / 31 / 2010</u>
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A. Person Filing

3. Name and mailing address (include ZIP Code):

Name David Acosta
Title President/Treasurer
Organization Redstone Enterprises
P.O. Box, Building and Room Number, if any
Street 5415 E Willowick Circle
City Anaheim
State California ZIP Code + 4 92807

4. Any other address where records necessary to verify this report are kept:

Name
Title
Organization
P.O. Box, Building and Room Number, if any
Street
City
State ZIP Code + 4

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions).

17. Signed [Signature]

Title President

President
(if other title, see
instructions)

18. Signed [Signature]

Title Treasurer

Treasurer
(If other title, see
instructions)

On

01 / 08 / 2011
Date

714-306-2229
Telephone Number

On

01 / 08 / 2011
Date

714-306-2229
Telephone Number

Name of Person Filing: David Acosta	File Number C-
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any
Employer American Consulting Services	
Trade Name American Consulting Services	Street 23361 Madero, Suite 220
Attention To Erick Becker	City Mission Viejo
Title PRESIDENT	State California ZIP Code + 4 92691

5.b. Termination Date 12/31/2010	5.c. Amount 42,660
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS 42,660

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees: (a) Name	(b) Salary	(c) Expenses	(d) Totals	
David Acosta	42,660	8,220	50,880	9. Office and Administrative Expenses 0
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:			50,880	14. Total Disbursements (Sum of Items 8-13) 50,880

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	