


**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90423 020 \*\*\*158.75

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # 404387</b>				
1. Entity Name <b>AMERICA'S FIRST HOME, INC.</b>				
Principal Place of Business <b>9220 BONITA BEACH RD STE 109 BONITA SPRINGS, FL 34135 US</b>		Mailing Address <b>9220 BONITA BEACH RD STE 109 BONITA SPRINGS, FL 34135 US</b>		
2. Principal Place of Business		3. Mailing Address		
Subs. Apt. #, etc.		Subs. Apt. #, etc.		
City & State		City & State		
Zip		Zip		
Country		Country		
4. FEI Number <b>69-1400190</b>				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02212006 Chg-P CR2E034 (1/1/05)
6. Name and Address of Current Registered Agent <b>HILL, MICHAEL B SHEPPARD, BRETT, STEWART, HERSCH &amp; KINSEY 9100 COLLEGE POINTE COURT FORT MYERS, FL 33919</b>			7. Name and Address of New Registered Agent	
Name			Name	
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)	
City			City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) Date</small>				
<b>FILE NOW!! FEE IS \$100.00 After May 1, 2006 Fee will be \$226.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fee</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TDS FREY, WILLIAM M. 9220 BONITA BEACH ROAD, STE 109 BONITA SPRINGS, FL 34135</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>PD FREY, BARRY E. 9220 BONITA BEACH ROAD, STE 109 BONITA SPRINGS, FL 34135</b>	<input type="checkbox"/> Delete		<b>VTDS Frey William William 9220 Bonita Beach Road, Ste 109 Bonita Springs, FL 34135</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: _____		<b>Barry E. Frey</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		

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