


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000001928

1. Entity Name
AMERIFIRST DIRECT FUNDING CORP



Principal Place of Business
**616 W. CENTRE
 PORTAGE, MI 49024**

Mailing Address
**616 W. CENTRE
 PORTAGE, MI 49024**

DO NOT WRITE IN THIS SPACE



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
38-2699549 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD
 FORT LAUDERDALE, FL 33324**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, MARK A 2731 JESSICA LN PORTAGE, MI 49024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAHM, DAVID N 1879 LAKE CLUB DR. GAYLORD, MI 49735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/19/06-80079-008 150.00

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 indicated 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 authority with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR REPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 (209) 324-4240
Date Daytime Phone #