
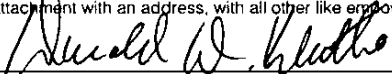


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90014 031 ***150.00

DOCUMENT # F01000005611			
1. Entity Name AMERIFIRST HOME IMPROVEMENT FINANCE CO.			
Principal Place of Business 4041 POWDER MILL ROAD STE 204 CALVERTON, MD 20705		Mailing Address 4405 S 96TH STREET OMAHA, NE 68127	
2. Principal Place of Business - No P.O. Box # 4405 S. 96TH STREET		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OMAHA, NE		City & State	
Zip 68127		Country USA	
4. FEI Number 54-1522079		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Signature, typed or printed name of registered agent and title if applicable.		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUTHE, DONALD 4405 S 96TH STREET OMAHA, NE 68127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIP G. SCHRAGER 4405 S. 96TH ST. OMAHA, NE 68127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEWITT, THOMAS 4405 S 96TH ST OMAHA, NE 68127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIP G. SCHRAGER 4405 S. 96TH ST. OMAHA, NE 68127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEWITT, THOMAS 4405 S 96TH ST OMAHA, NE 68127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HARLEY D. SCHRAGER 4405 S. 96TH ST. OMAHA, NE 68127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLUTHE, DONALD 4405 S 96TH ST OMAHA, NE 68127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JALOYCE BARRETT 4405 S. 96TH ST. OMAHA, NE 68127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ENGEL, SHARISE 4405 S 96TH ST OMAHA, NE 68127 <input checked="" 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
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 address, with all other like empowered.			
SIGNATURE:  DONALD D. KLUTHE		Date: 04-03-08 (402) 505-6556	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	