

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005611

FILED
Apr 24, 2009
Secretary of State

Entity Name: AMERIFIRST HOME IMPROVEMENT FINANCE CO.

Current Principal Place of Business:

4405 S. 96TH STREET
OMAHA, NE 68127 US

New Principal Place of Business:

Current Mailing Address:

4405 S 96TH STREET
OMAHA, NE 68127

New Mailing Address:

4405 S. 96TH STREET
OMAHA, NE 68127 US

FEI Number: 54-1522079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: D () Delete
Name: KLUTHE, DONALD
Address: 4405 S 96TH STREET
City-St-Zip: OMAHA, NE 68127

Title: D () Delete
Name: SCHRAGER, PHILLIP
Address: 4405 S. 96TH STREET
City-St-Zip: OMAHA, NE 68127

Title: P () Delete
Name: SCHRAGER, PHILLIP
Address: 4405 S 96TH ST
City-St-Zip: OMAHA, NE 68127

Title: S () Delete
Name: KLUTHE, DONALD
Address: 4405 S 96TH ST
City-St-Zip: OMAHA, NE 68127

Title: C () Delete
Name: SCHRADER, HALEY D
Address: 4405 S 96TH ST.
City-St-Zip: OMAHA, NE 68127

Title: VP (X) Delete
Name: BARRETT, VALOYCE
Address: 4405 S. 96TH ST.
City-St-Zip: OMAHA, NE 68127

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: SCHRADER, HARLEY D
Address: 4405 S 96TH ST.
City-St-Zip: OMAHA, NE 68127

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: DONALD D. KLUTHE

S

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date