
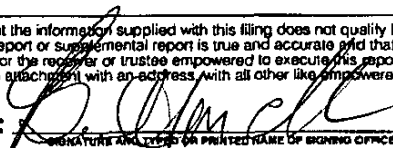


**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90169 027 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # F02000004955			
1. Entity Name AMERIFIRST FUNDING GROUP, INC.			
Principal Place of Business 1712 H OSBORNE RD SAINT MARYS, GA 31558		Mailing Address 1712 H OSBORNE RD SAINT MARYS, GA 31558	
2. Principal Place of Business 2015 A Osborne Rd Suite, Apt. #, etc.		3. Mailing Address 2015 A Osborne Suite, Apt. #, etc.	
City & State St. Marys GA		City & State St. Marys GA USA	
Zip 31558		Country USA	
Country Canden		Country Canden	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. FEI Number 16-1628026	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent	
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.		Name	
SIGNATURE _____		Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when retaining)		City	
DATE _____		FL Zip Code	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	MCKINLEY, DAWN 1712-H OSBORNE RD ST. MARYS, GA 31558	<input checked="" type="checkbox"/> Delete	
TITLE VP	KANN, THOMAS 1712-H OSBARNE SAINT MARYS, GA 31558	<input checked="" type="checkbox"/> Delete	
TITLE DS	ELLIS, BRITTANY 1712 H OSBORNE SAINT MARYS, GA 31558	<input checked="" type="checkbox"/> Delete	
TITLE D	TOOKE, JOHN 1712-H OSBORNE RD ST. MARYS, GA 31558	<input checked="" type="checkbox"/> Delete	
TITLE P	MCKINLEY, DAWN	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE VP	KANN, THOMAS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE DS	ELLIS, BRITTANY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE D	TOOKE, JOHN	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE P	MCKINLEY, DAWN	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE VP	KANN, THOMAS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE DS	ELLIS, BRITTANY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE D	TOOKE, JOHN	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Brittany Ellis 4/20/05 912-882-8851	
Signature and Title of Signing Officer or Director		Date Daytime Phone #	

66018764



01282005 Chg-P CR2E034 (10/03)