


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F0200004955			
1. Entity Name AMERIFIRST FUNDING GROUP, INC.			
Principal Place of Business 130 GROSS ROAD NORTH STE. 107 KINGSLAND, GA 31548		Mailing Address 130 GROSS ROAD NORTH STE. 107 KINGSLAND, GA 31548	
2. Principal Place of Business 1712 H Osborne Rd Suite, Apt. #, etc.		3. Mailing Address 1712 H Osborne Rd Suite, Apt. #, etc.	
City & State St. Marys GA		City & State St. Marys GA	
Zip 31558		Country Camden	
4. FEI Number 16-1628026		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 NRAI SERVICES, INC. 526 E. PARK AVENUE 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		DATE	
<p style="font-size: small;">FILE NOW!!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>		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	CDPV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOKE, JOHN	NAME	
STREET ADDRESS	130 GROSS ROAD NORTH STE. 107	STREET ADDRESS	
CITY-STATE-ZIP	KINGSLAND, GA 31548	CITY-STATE-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOKE, JOHN	NAME	Thomas kann
STREET ADDRESS	130 GROSS ROAD NORTH STE. 107	STREET ADDRESS	1712-17 Osborne
CITY-STATE-ZIP	KINGSLAND, GA 31548	CITY-STATE-ZIP	St. Marys GA 31558
TITLE	<input type="checkbox"/> Delete	TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Brittany Ellis
STREET ADDRESS		STREET ADDRESS	1712 H Osborne
CITY-STATE-ZIP		CITY-STATE-ZIP	St. Marys GA 31558
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
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		DATE	
<p style="font-size: small;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p> Brittany Ellis 2/7/03 912-673-9100			

CR2E034 (10/02)