

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001779

FILED
Apr 26, 2007
Secretary of State

Entity Name: CITIZENS FIRST BANCORP, INC.

Current Principal Place of Business:

525 WATER STREET
PORT HURON, MI 48060

New Principal Place of Business:

Current Mailing Address:

525 WATER STREET
PORT HURON, MI 48060

New Mailing Address:

FEI Number: 38-3573582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, KEVIN H
101 EAST KENNEDY BOULEVARD
SUITE 2800
TAMPA, FL 33602 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: CP () Delete
Name: CAMPBELL, MARSHALL J
Address: 525 WATER STREET
City-St-Zip: PORT HURON, MI 48060

Title: VCST () Delete
Name: REGAN, TIMOTHY D
Address: 525 WATER STREET
City-St-Zip: PORT HURON, MI 48060

Title: D () Delete
Name: KELLERMAN, CHRISTOPHER
Address: 2929 LAPEER ROAD
City-St-Zip: PORT HURON, MI 48060

Title: D () Delete
Name: DEMASHKIEH, WALID M.D.
Address: 1522 PINE GROVE AVENUE
City-St-Zip: PORT HURON, MI 48060

Title: D () Delete
Name: COOLEY, RONALD
Address: 2801 GRATIOT
City-St-Zip: MARYSVILLE, MI 48040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: WHIPPLE, JANICE U
Address: 525 WATER STREET
City-St-Zip: PORT HURON, MI 48060

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY D. REGAN

Electronic Signature of Signing Officer or Director

VCST

04/26/2007

_____ Date