
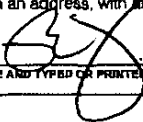


FILED  
Apr 26, 2007 8:00 am  
Secretary of State

04-26-2007 90217 046 \*\*\*158.75

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 404387</b>			
1. Entity Name <b>AMERICA'S FIRST HOME, INC.</b>			
Principal Place of Business <b>9220 BONITA BEACH RD STE 109 BONITA SPRINGS, FL 34135 US</b>		Mailing Address <b>9220 BONITA BEACH RD STE 109 BONITA SPRINGS, FL 34135 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1400190</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		03072007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>HILL, MICHAEL B SHEPPARD, BRETT, STEWART, HERSCH &amp; KINSEY 9100 COLLEGE POINTE COURT FORT MYERS, FL 33919</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City <b>FL</b> 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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREY, BARRY E. <input type="checkbox"/> Delete 9220 BONITA BEACH ROAD, STE 109 BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTDS MCMILLIAM, FREY <input type="checkbox"/> Delete 9220 BONITA BCH RD STE 109 BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTDS M. WILLIAM FREY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9220 Bonita Beach Rd Ste 109 Bonita Springs, FL 34135
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
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
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
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: 		Barry E. Frey 4/12/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	