2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005611

Entity Name: AMERIFIRST HOME IMPROVEMENT FINANCE CO

FILED Apr 18, 2006 Secretary of State

Entity Name: AMERIFIRST HOME IMPROVEMENT FINANCE CO.						
Current Principal Place of Business:			New Principal Place of Business:			
STE 204	DER MILL ROADN, MD 20705					
			Na 84-11:	Add		
Current Mailing Address:			New Mailli	ng Address:		
4405 S 96T OMAHA, NI						
FEI Number: 54-1522079 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1201 HAYS TALLAHAS	SEE, FL 3230		pose of changing it	s registered office	e or registered agent or both	
in the State		abilities and statement for the pur	pose of offeriging it	o registered office	or registered agent, or both,	
SIGNATURE:						
	Electron	ic Signature of Registered Agent			Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () SCHRAGER, HA 44055 96TH STI OMAHA, NE 68	REET	Title: Name: Address: City-St-Zip:	D (X) Ch KLUTHE, DONALD 4405 S 96TH STRE OMAHA, NE 68127		
Title: Name: Address: City-St-Zip:	D () SCHRAGER, RI 10039 FREDER OMAHA, NE 68	ICK STREET	Title: Name: Address: City-St-Zip:	D (X) Ch HEWITT, THOMAS 4405 S 96TH ST OMAHA, NE 68127	ange()Addition	
Title: Name: Address: City-St-Zip:	V () HUMPHREY, BF 11117 MADISOI OMAHA, NE 68	N STREET	Title: Name: Address: City-St-Zip:	P (X) Ch HEWITT, THOMAS 4405 S 96TH ST OMAHA, NE 68127	ange()Addition	
Title: Name: Address: City-St-Zip:	CEO () KLUTHE, DONA 1320 SOUTH 16 OMAHA, NE 68	STH AVENUE	Title: Name: Address: City-St-Zip:	S (X) Ch KLUTHE, DONALD 4405 S 96TH ST OMAHA, NE 68127	ange () Addition	
Title: Name: Address: City-St-Zip:	HEWITT, THOM	MILL RD SUITE 204	Title: Name: Address: City-St-Zip:	C (X) Ch ENGEL, SHARISE 4405 S 96TH ST OMAHA, NE 68127	ange () Addition	

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: SHARISE ENGEL C 04/18/2006