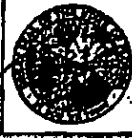


FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90125 049 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO2000000159
 1. Entity Name
VETERANS FIRST CORP.



10035352

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2201 US. Hy 41
 Suite, Apt. #, etc.
62A
 City & State
RUSKIN FL.
 Zip
33570 Country

3. Mailing Address
P.O. Box 185
 Suite, Apt. #, etc.
RUSKIN
 City & State
FL.
 Zip
33570 Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

4. FEI Number
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. 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.

7. Name and Address of Current Registered Agent
 Name GARY HANSEN
 Street Address (P.O. Box Number is Not Acceptable) # 62
RUSKIN, FL. FL Zip Code 33570

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

8. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DIP.	GARY HANSEN	2201 US Hy 41	RUSKIN FL 33570
	WARREN SERLES, VP. D.	1422 SE Hy 11C	BRASHER, FALLS, NY 13613
	VP IS.F. Debra HANSEN	2201 US Hy 41	RUSKIN FL 33570
	VP. D. LYNN HAMBY	PRI	WELLINGTON, TX 79095

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary D. Hansen 2-14-03 (613) 641-8385
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #

Rev. Gary D. HANSEN.

CR2007B (12/02)