


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90227 048 \*\*\*150.00

<b>DOCUMENT # P00000111214</b>	
1. Entity Name <b>AMERIFIRST FUNDING, INC.</b>	

Principal Place of Business <b>4901 NW 17 WAY #101 FORT LAUDERDALE, FL 33309</b>	Mailing Address <b>4901 NW 17 WAY #101 FORT LAUDERDALE, FL 33309</b>
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**50052403**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05102005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1058591</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>GILLESPIE &amp; ALLISON, P.A. 1515 SOUTH FEDERAL HWY 300 BOCA RATON, FL 33432</b>
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7. Name and Address of New Registered Agent Name <b>Theresa M. Schmitz</b> Street Address (P.O. Box Number is Not Acceptable) <b>4901 NW 17 WAY #101</b> City <b>FT. LAUDERDALE</b> FL Zip <b>33315</b>
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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 <b>Theresa M. Schmitz</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<b>Theresa M. Schmitz</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<b>5-10-05</b> <small>DATE</small>
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SCHOFIELD, JOHN R 181 CRANDON BLVD #401 KEY BISCAYNE, FL 33149</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT THERESA M. SCHMITZ 4901 NW 17 WAY #101 FORT LAUDERDALE, FLORIDA 33315</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: <b>Theresa M. Schmitz, President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>5/10/05</b> <small>Date</small>	<b>954-772-4100</b> <small>Daytime Phone #</small>
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ATTACHMENT  
5052403  
Division of Corporations

## 2005 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P00000111214
Business Entity Name	AMERIFIRST FUNDING, INC.
Original File Date	12/04/2000

FEI Number 65-1058591  
Principal Address 4901 NW 17 WAY #101  
FORT LAUDERDALE, FL 33309  
Mailing Address 4901 NW 17 WAY #101  
FORT LAUDERDALE, FL 33309  
Registered Agent GILLESPIE & ALLISON, P.A.  
1515 SOUTH FEDERAL HWY  
300  
BOCA RATON, FL 33432 US

## Officer/Director Name And Address

P  
JOHN R SCHOFIELD  
181 CRANDON BLVD #401  
KEY BISCAVNE, FL 33149

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes