
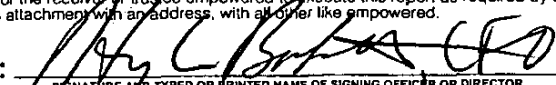


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90033 032 \*\*\*150.00

<b>DOCUMENT # P04000119209</b>					
<b>1. Entity Name</b> AMERICANFIRST BANK					
<b>Principal Place of Business</b> 183 N. HWY. 27 CLERMONT, FL 34711-2401			<b>Mailing Address</b> 183 N. HWY. 27 CLERMONT, FL 34711-2401		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>13-4285865</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>					
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
Trust Fund Contribution.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D	<b>NAME</b> LAWSON, WILLIAM E	<input type="checkbox"/> Delete	<b>TITLE</b> Chairman	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1803 ROSEWOOD DR	CLERMONT, FL 32714		<b>NAME</b> Robert Thompson	1958 Brantley Circle	
<b>CITY-ST-ZIP</b>	CLERMONT, FL 32714		<b>STREET ADDRESS</b> 1958 Brantley Circle	CLERMONT, FL 34711	
<b>TITLE</b> D	<b>NAME</b> PARSONS, DALE H	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 112 CAMPHOR TREE LN	ALTAMONTE SPRINGS, FL 32714		<b>NAME</b>	CLERMONT, FL 34711	
<b>CITY-ST-ZIP</b>	ALTAMONTE SPRINGS, FL 32714		<b>STREET ADDRESS</b>	CLERMONT, FL 34711	
<b>TITLE</b> D	<b>NAME</b> PARSONS, RAY C	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1600 REGAL COVE CT.	KISSIMMEE, FL 34744		<b>NAME</b>	CLERMONT, FL 34711	
<b>CITY-ST-ZIP</b>	KISSIMMEE, FL 34744		<b>STREET ADDRESS</b>	CLERMONT, FL 34711	
<b>TITLE</b> D	<b>NAME</b> POTTS, DONALD E	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 5256 TIMBERVIEW TERRACE	ORLANDO, FL 32819		<b>NAME</b>	CLERMONT, FL 34711	
<b>CITY-ST-ZIP</b>	ORLANDO, FL 32819		<b>STREET ADDRESS</b>	CLERMONT, FL 34711	
<b>TITLE</b> D	<b>NAME</b> RICHTER, DENNIS G	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1021 FAIRVIEW DR	LAWRENCEBURG, IN 47025		<b>NAME</b>	CLERMONT, FL 34711	
<b>CITY-ST-ZIP</b>	LAWRENCEBURG, IN 47025		<b>STREET ADDRESS</b>	CLERMONT, FL 34711	
<b>TITLE</b> D	<b>NAME</b> RYAN, SCOTT	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1220 DOUGLAS AVE UNIT 107 A	LONGWOOD, FL 32779		<b>NAME</b>	CLERMONT, FL 34711	
<b>CITY-ST-ZIP</b>	LONGWOOD, FL 32779		<b>STREET ADDRESS</b>	CLERMONT, FL 34711	
<b>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.</b>					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					