



2006 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # 611407 1. Entity Name ERICKS CONSULTANTS, INC. |  |
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| Principal Place of Business 205 S ADAMS ST TALLAHASSEE, FL 32301 US | Mailing Address 205 S ADAMS ST TALLAHASSEE, FL 32301 US |
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DO NOT WRITE IN THIS SPACE

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06 APR 10 AM 9:26



03162006 No Chg-P CR2E034 (11/05)

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|---|-------------------------------|
| 4. FEI Number 59-2722222 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

ERICKS, DAVID
205 S ADAMS ST
TALLAHASSEE, FL 32301

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

| | | |
|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ERICKS, DAVID 205 S. ADAMS ST. TALLAHASSEE, FL 32301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ERICKS, CANDICE 205 S. ADAMS STREET TALLAHASSEE, FL 32301 |
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04/28/06--01030--004 **150.00

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:  3/23/06 (850) 224-0880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #