


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000059528 1. Entity Name SOUTHRIDGE PROPERTIES, INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 15 PM 1:21

Principal Place of Business COUNTY ROAD 561 TAVARES, FL 32778 US	Mailing Address 4117 COUNTY ROAD 561 TAVARES, FL 32778 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03212005 Chg-P CR2E034 (10/03)

City & State	City & State
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4. FEI Number 59-3359850	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STONE, LEWIS W 4850 N HWY 19A MOUNT DORA, FL 32757	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Amended AR is \$61.25	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT BUTTERFIELD, CRAIG	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100054016651
NAME	<input type="checkbox"/> Delete 14595 ROLLERCOASTER RD	NAME	05/06/05--01069--014 **\$61.25
STREET ADDRESS	COLORADO SPRINGS, CO 80921	STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S
CITY-ST-ZIP		CITY-ST-ZIP	Berens, Patricia
CITY-ST-ZIP		CITY-ST-ZIP	6755 Round Lake Road
CITY-ST-ZIP		CITY-ST-ZIP	Mount Dora, FL 32757
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		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:  **Craig Butterfield** **4/12/05** **719-484-0550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #