2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 02, 2005
Secretary of State

DOCUMENT# F03000004265

Entity Name: KAISER PROPERTIES, INC.

Current Principal Place of Business:

3479 GULF SHORES PARKWAY, STE. B
GULF SHORES, AL 36542

New Principal Place of Business:

Current Mailing Address:

3479 GULF SHORES PARKWAY, STE. B
GULF SHORES, AL 36542

New Mailing Address:

FEI Number: 63-1133654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, PAUL M
16549 PERDIDO KEY DR. UNIT 602
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: KAISER, ANTHONY P
Address: 3479 GULF SHORES PARKWAY, STE. B
City-St-Zip: GULF SHORES, AL 36542

Title: VCVP ( ) Delete
Name: KAISER, BARTON E
Address: 3479 GULF SHORES PARKWAY, STE. B
City-St-Zip: GULF SHORES, AL 36542

Title: D ( ) Delete
Name: KAISER, PAUL G III
Address: PO BOX 1186
City-St-Zip: FOLEY, AL 36536

Title: S ( ) Delete
Name: KAISER, BARTON E
Address: 3479 GULF SHORES PARKWAY, STE. B
City-St-Zip: GULF SHORES, AL 36542

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: M ( ) Change (X) Addition
Name: THOMPSON, PAUL M
Address: 3479 GULF SHORES PARKWAY, STE. B
City-St-Zip: GULF SHORES, AL 36542

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL M THOMPSON M 08/02/2005

Electronic Signature of Signing Officer or Director — Date