## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000000717

Entity Name: AMERITON PROPERTIES INCORPORATED

FILED Feb 13, 2006 Secretary of State

Current Principal Place of Business:			New F	New Principal Place of Business:		
	NORMA CIRC DOD, CO 8011					
Current Mailing Address:			New N	/lailing Address	s:	
	NORMA CIRC OOD, CO 8011					
FEI Number:	74-2726581	FEI Number Applied For()	FEI Number Not	Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name	and Address o	f New Registered Agent:	
1200 SOUT	ORATION SYS FH PINE ISLAN ON, FL 33324	ND ROAD				
The above in the State		submits this statement for the	purpose of chang	ing its registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ag	gent		Date	
Election Carr	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS	AND DIREC	TORS:	ADDI	TIONS/CHANGI	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	SELLERS, R S	Delete MA CIRCLE SUITE 400 CO 80112	Title: Name: Address City-St-		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	JONES, JEFFR	MA CIRCLE SUITE 400	Title: Name: Address City-St-		() Change () Addition	
Title: Name: Address: City-St-Zip:	MUELLER, CHA	MA CIRCLE SUITE 400	Title: Name: Address City-St-		() Change () Addition	
Title: Name: Address: City-St-Zip:	POLK III, JAMÉ	RESPLANDOR	Title: Name: Address City-St-		(X) Change () Addition IAS S NORMA CIRCLE SUITE 400 DD, CO 80112	
Title: Name: Address: City-St-Zip:	SMITH, ROBER	MA CIRCLE SUITE 400	Title: Name: Address City-St-	s: 9200 E. PAN	(X) Change ( ) Addition PRN, MARK P NORMA CIRCLE SUITE 400 DD, CO 80112	
Title: Name: Address: City-St-Zip:	NOLAN, CHRIS	CENTER, 6TH FLOOR	Title: Name: Address City-St-	SIX PIEDMO	(X) Change () Addition RISTOPHER T DNT CENTER, 6TH FLOOR A 30305	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JEFFRY A. JONES, PRESIDENT MR. 02/13/2006