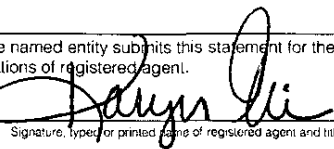
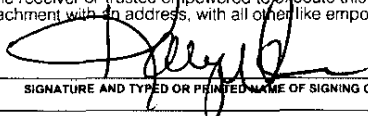


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90013 005 ***150.00

DOCUMENT # P00000071962 1. Entity Name ERICKSON CONSULTING ENGINEERS, INC.			
Principal Place of Business 1819 MAIN STREET SUITE 402 SARASOTA, FL 34236		Mailing Address 1819 MAIN STREET SUITE 402 SARASOTA, FL 34236	
2. Principal Place of Business - No P.O. Box # 7201 Delaney Court Suite, Apt. #, etc.		3. Mailing Address 7201 Delaney Court Suite, Apt. #, etc.	
City & State Sarasota FL Zip 34240		City & State Sarasota FL Zip 34240	
Country US		Country US	
4. FEI Number 58-2631795		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERICKSON, KARYN M 1819 MAIN STREET SUITE 402 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Erickson, Karyn M. Street Address (P.O. Box Number is Not Acceptable) 7201 Delaney Court City Sarasota FL Zip 34240	
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  23 March 2007 DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ERICKSON, KARYN M 1819 MAIN STREET, SUITE 402 SARASOTA, FL 34236 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Erickson, Karyn M. 7201 Delaney Court Sarasota, FL 34240 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		23 Mar 2007 941-373-1460	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40043996



03132007 Chg-P CR2E034 (12/06)