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

03-29-2007 90013 005 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000071962

1. Entity Name
ERICKSON CONSULTING ENGINEERS, INC.

40043996

03132007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1819 MAIN STREET SUITE 402 SARASOTA, FL 34236	1819 MAIN STREET SUITE 402 SARASOTA, FL 34236
2. Principal Place of Business - No P.O. Box #: 7201 Delainey Court	3. Mailing Address: 7201 Delainey Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota FL	City & State: Sarasota FL
Zip: 34240 Country: US	Zip: 34240 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 Delainay Court
City: Sarasota **FL** Zip Code: 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: [signature] 23 March 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Delainey 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
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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: [signature] 23 Mar 2007 941-373-6460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #