2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000073617

Entity Name: ERICKSON PROPERTIES, INC.

FILED Jun 24, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

300 INTERNATIONAL PARKWAY 100 COLONIAL CENTER PARKWAY

SUITE 184 SUITE 100

LAKE MARY, FL 32746 LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

4925 RED BRICK RUN 100 COLONIAL CENTER PARKWAY

LAKE FOREST, FL 32771 SUITE 100

LAKE MARY, FL 32746

FEI Number: 02-0543221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ERICKSON, MARK ERICKSON, MARK

4925 RED BRICK RUN 100 COLONIAL CENTER PARKWAY

LAKE FOREST, FL 32771 US SUITE 100
LAKE MARY, FL 32746 US

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: MARK ERICKSON 06/24/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: PST (X) Change () Addition

Name: ERICKSON, MARK Name: ERICKSON, MARK

Address: 4925 RED BRICK RUN Address: 100 COLONIAL CENTER PARKWAY SUITE 100

City-St-Zip: LAKE FOREST, FL 32771 City-St-Zip: LAKE MARY, FL 32746

Name: Name: BROOKS, JASON

Address: Address: 100 COLONIAL CENTER PARKWAY SUITE 100

City-St-Zip: City-St-Zip: LAKE MARY, FL 32746

Title: () Delete Title: D () Change (X) Addition

Name: SMITH, RUSSELL F

Address: Address: 100 COLONIAL CENTER PARKWAY SUITE 100

City-St-Zip: City-St-Zip: LAKE MARY, FL 32746

Title: () Delete Title: D () Change (X) Addition
Name: Name: CANNON, ROBERT F

Address: Address: 100 COLONIAL CENTER PARKWAY SUITE 100

City-St-Zip: City-St-Zip: LAKE MARY, FL 32746

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: MARK ERICKSON PST 06/24/2005