

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003038

FILED
Sep 01, 2009
Secretary of State

Entity Name: CARMEL ENERGY, INC.

Current Principal Place of Business:

310 STOCKADE ROAD
SPRINGFIELD, MO

New Principal Place of Business:

2600 S DOUGLAS ROAD
SUITE 303
CORAL GABLES, FL 33134

Current Mailing Address:

2600 S. DOUGLAS RD.
SUITE 303
CORAL GABLES, FL 33134

New Mailing Address:

2600 S DOUGLAS ROAD
SUITE 303
CORAL GABLES, FL 33134

FEI Number: 74-1821319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DELGADO, LEONARDO
2600 S. DOUGLAS RD.
SUITE 303
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: DELGADO, LEONARDO
Address: 2600 S. DOUGLAS RD., SUITE 203
City-St-Zip: CORAL GABLES, FL 33134

Title: P () Delete
Name: DELGADO, LEONARDO
Address: 2600 S. DOUGLAS RD., SUITE 203
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: SAN JUAN, JULIO
Address: 2600 S. DOUGLAS RD., SUITE 203
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: SWISCHER, NICHOLAS
Address: 110 N. CEDAR ST.
City-St-Zip: NEVADA, MO 64735

Title: D () Delete
Name: FOLAND, W. JAMES
Address: 911 MAIN ST., 30TH FLOOR, SUITE 3000
City-St-Zip: KANSAS CITY, MO 64105

Title: D () Delete
Name: ROSSLER, MAX
Address: ZURICH
City-St-Zip: SWITZERLAND, OC

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LEONARDO DELGADO

CHRM

09/01/2009

Electronic Signature of Signing Officer or Director

Date