


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90040 031 \*\*\*150.00

<b>DOCUMENT # F05000002326</b>	
1. Entity Name <b>CITIGROUP ENERGY INC.</b>	

Principal Place of Business <b>390 GREENWICH STREET NEW YORK, NY 10013</b>	Mailing Address <b>3800 CITIGROUP CENTER GZ-1 TAMPA, FL 33610</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>PO Box 30509</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>Tampa, FL</b>
Zip	Country <b>USA</b>
Country	Zip <b>33631</b>

04092008 Chg-P CR2E034 (12/06)

4. FEI Number <b>27-0069674</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAULSON, NANCY 390 GREENWICH STREET NEW YORK, NY 10013 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT John Casadownmccq 33 Canada Square London, E14 5LB, United Kingdom <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CONAHAN, JAMES 388 GREENWICH STREET 9TH FL NEW YORK, NY 10013 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT Laurel Adams 2800 Post Oak Blvd. Houston, TX 77056 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARTINELLI, JOSEPH 388 GREENWICH STREET 38TH FL NEW YORK, NY 10013 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASSISTANT SECRETARY Lisa Hoffman 3800 Citigroup Center Dr. Tampa, FL 33610 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TOUSSAINT, JOSEPH 330 BARKER CYPRESS RD 4TH FL HOUSTON, TX 77094 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR James Brennan 333 West 34th St New York, NY 10001 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FREIDENRICH, SCOTT 388 GREENWICH STREET 38TH FL NEW YORK, NY 10013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT ANZEL, KEITH 388 GREENWICH STREET 38TH FL NEW YORK, NY 10013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* *Lisa A. Hoffman* *4-21-08*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #