

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001309

FILED
Apr 18, 2008
Secretary of State

Entity Name: CORPORATE ENERGY CONSULTANTS, LTD., INC.

Current Principal Place of Business:

10333 W. 84TH TERRACE
LENEXA, KS 66214

New Principal Place of Business:

Current Mailing Address:

10333 W. 84TH TERRACE
LENEXA, KS 66214

New Mailing Address:

FEI Number: 48-0933685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOWRY, SNOWDEN S
217 NASSAU STREET SOUTH
VENICE, FL 34285 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: P () Delete
Name: KIRKWOOD, SCOTT H
Address: 8005 LAKEVIEW
City-St-Zip: LENEXA, KS 66219

Title: VP () Delete
Name: PFOLTNER, DEAN
Address: 8806 W. 97TH STREET
City-St-Zip: OVERLAND PARK, KS 66212

Title: VP () Delete
Name: BURCH, JOHN
Address: 10108 HALSEY
City-St-Zip: LENEXA, KS 66215

Title: VP () Delete
Name: FELLWOCK, STAN
Address: 8016 BELL
City-St-Zip: LENEXA, KS 66219

Title: VP () Delete
Name: MURRAY, R. SCOTT
Address: 8339 ACUFF
City-St-Zip: LENEXA, KS 66215

Title: VP () Delete
Name: GRIGGS, EDWARD B
Address: 16206 S. WALNUT GROVE
City-St-Zip: PLEASANT HILL, MO 64080

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
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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: KATHYE CARRICO

COMP

04/18/2008

Electronic Signature of Signing Officer or Director

Date