2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # M98000001220

1. Entity Name

INDÚSTRY AND ENERGY ASSOCIATES LLC

FILED Jan 27, 2006 08:00 AN Secretary of State

Principal Place of Business

130 MIDDLE STREET PORTLAND, ME 04101 Mailing Address

130 MIDDLE STREET ST 3 PORTLAND, ME 04101



01112006 No Chg-LLC

CR2E083 (11/05)

 4. FEI Number
 Applied For 75-2774066
 Not Applicable

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5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE: \

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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 refinishing)	- DATE
Filing Fee is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EAKIN, SAMMUEL F 130 MIDDLE STREET PORTLAND, ME 04101		000000404442 02/06/06-80047-006 50.00
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	MGRM ROGERS, KENNETH B 130M MIDDLE STREET PORTLAND, ME 04101		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POULIN, RICHARD P 130 MIDDLE STREET PORTLAND, ME 04101	DO	NOT WRITE
TITLE NAME CTREET ADDRESS CITY-ST-ZIP	MGRM PELZER, PAULA W 130 MIDDLE STREET PORTLAND, ME 04101	ÎN T	HIS SPACE
THEE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the immited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			