FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000003197 (9)

1. Corporation Name

THE ENERGY EXCHANGE INC.

Principal Place of Business	Mailing Address
3636 DUCK AVE KEY WEST FL 33040	3636 DUCK AVE KEY WEST FL 33040

3. Date Incorporated or Qualified **06/30/1995**	3a. Date of Last Report *N A*

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	☒ Applied For ☒ Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

	81	Name
ISLANDS, SANDY 3636 DUCK AVE KEY WEST FL 33040	82	Street Address (P.O. Box Number is Not Acceptable)
	83	
	84	City

FL | 85 | Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Dr. S. Islands* DR. SANDY ISLANDS *3/28/96*
Signature, typed or printed of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JULIET		1.2 NAME	
STREET ADDRESS	845 JAMAICA LN		1.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCBRATNIE, SHAWN		2.2 NAME	
STREET ADDRESS	3636 DUCK AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ISLANDS, SANDY DR		3.2 NAME	
STREET ADDRESS	3636 DUCK AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040		3.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, LEIGH		4.2 NAME	
STREET ADDRESS	845 JAMAICA LN		4.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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400001771744
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*****30.00*

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dr. S. Islands* DR. S. ISLANDS *3/28/96* (305) 296-2096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #