
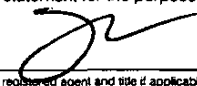
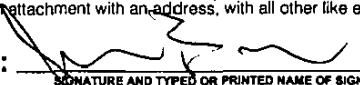


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90022 047 \*\*\*158.75

<b>DOCUMENT # P03000126830</b> 1. Entity Name <b>COMPETITIVE ELECTRIC, INC.</b>					
Principal Place of Business <b>829 FLORAL ST TALLAHASSEE, FL 32310</b>			Mailing Address <b>829 FLORAL ST TALLAHASSEE, FL 32310</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3776525</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ALL FLORIDA FIRM, INC 813 DELTONA BLVD STE A DELTONA, FL 32725</b>				7. Name and Address of New Registered Agent Name <b>ALL FLORIDA FIRM INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>813 Deltona Blvd, Ste A</b> City <b>Deltona</b> <b>FL</b> Zip Code <b>32725</b>	
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. <div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> <b>Jamie Jessup, President for All Florida Firm Inc</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> <b>1-17-08</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT AUSTIN, JOHN F JR 829 FLORAL ST TALLAHASSEE, FL 32310	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>PT AUSTIN, JOHN F JR 829 FLORAL ST TALLAHASSEE, FL 32310</del>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete			
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:  <div style="float: right; text-align: right;"> <b>2/26/08</b> <b>(850) 508-4573</b>  <small>Date Daytime Phone #</small> </div>					