


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90019 028 \*\*\*150.00

<b>DOCUMENT # P94000043559</b>	
1. Entity Name <b>CONSOLIDATED POWER CONSULTANTS, INC.</b>	

Principal Place of Business <b>1401 MANATEE AVE WEST STE 910 BRADENTON FL 34205 US</b>	Mailing Address <b>1401 MANATEE AVE WEST STE 910 BRADENTON FL 34205 US</b>
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2. Principal Place of Business - No P.O. Box # <b>Carbon Resources of Florida 11023 Gatewood Drive, Ste 103 City &amp; State Bradenton, FL 34211</b>	3. Mailing Address <b>Carbon Resources of Florida 11023 Gatewood Drive, Ste 103 City &amp; State Bradenton, FL 34211</b>
Zip <b>34211</b>	Country <b>US</b>

1st MOORE CR2E034 (10/06)

4. FEI Number <b>65-0510976</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>MURRELL, FREDERICK J 1401 MANATEE AVE WEST STE 910 BRADENTON FL 34205</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>11023 Gatewood Dr. Ste 103</b> City <b>Bradenton, FL</b> Zip Code <b>34211</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MURRELL, FREDERICK J 1401 MANATEE AVE W STE 910 BRADENTON FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *F. Murrell, President* **15 March 2007** **941 747 2630**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #