2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachme

SIGNATURE:

Secretary of State 03-31-2005 90050 045 ***150.00 DOCUMENT # S23691 1. Entity Name **ENERGY & REGULATORY CONSULTANTS INC.** Principal Place of Business Mailing Address **598 S W HIDDEN RIVER AVE** 598 S W HIDDEN RIVER AVE PALM CITY, FL 34990 PALM CITY, FL 34990 2. Principal Place of Business 3. Mailing Address 1334 SE MacArthur Blvd 1334 SE MacArthur Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Stuart, FL Stuart. 65-0236981 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34996 34996 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZAMBO, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 598 S W HIDDEN RIVER AVE PALM CITY, FL 34990 City Zip Code 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. 3/28/05 SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PST Change TITLE Delete ☐ Addition ZAMBO, RICHARD A NAME NAME 1334 SE MacArthur Blvd STREET ADDRESS 598 S W HIDDEN RIVER AVE STREET ADDRESS CITY-ST-ZIP PALM CITY, FL CITY-ST-ZIP Stuart, FL 34996 TITLE Delete TITLE Enange 1 ☐ Addition ZAMBO, RICHARD A NAME NAME 1334 SE Mac Arthur Blvd STREET ADDRESS 598 S W HIDDEN RIVER AVE STREET ADDRESS Stuart, FL 34996 CITY-ST-7IP PALM CITY, FL CITY-ST-7/P TITLE Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP TITLE ☐ Delete TITLE [7] Chappe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 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

3/28/05

Date

(772) 225-5400

Daytme Phone #

FILED

Mar 31, 2005 8:00 am