

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V36704

FILED
Mar 17, 2005
Secretary of State

Entity Name: CONSOLIDATED COMPRESSOR, INC.

Current Principal Place of Business:

9516 40TH STREET SE
CALAGRY ALBERTA
CANADA T2C 2P3,

New Principal Place of Business:

5435 TWIN CREEKS DR
VALRICO, FL 33594 US

Current Mailing Address:

9516 40TH STREET SE
CALAGRY ALBERTA
CANADA T2C 2P3,

New Mailing Address:

9516 40TH STREET SE
CALAGRY, AB T2C 2P3 C

FEI Number: 59-3130937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

SMITH, CHARLES R PRESIDE
.5435 TWIN CREEKS DR
VALRICO, FL 33594 US

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.

SIGNATURE: C SMITH

03/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, CHARLES R.
Address: 192 MAPLEBURN DRIVE SE
City-St-Zip: CALGARY, AL

Title: STD () Delete
Name: SMITH, LESLEY A.
Address: BOX 4, SUITE 21, RR1
City-St-Zip: DE WINTON, AB

Title: D () Delete
Name: SMITH, PATRICIA J
Address: 192 MAPLEBURN DR SE
City-St-Zip: CALGARY, AB

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, CHARLES R
Address: 192 MAPLEBURN DRIVE SE
City-St-Zip: CALGARY, AB T2J 1Y6 C

Title: STD (X) Change () Addition
Name: SMITH, LESLEY . A
Address: BOX 4, SUITE 21, RR1
City-St-Zip: DE WINTON, AB C

Title: D (X) Change () Addition
Name: SMITH, PATRICIA J
Address: 192 MAPLEBURN DR SE
City-St-Zip: CALGARY, AB T2J 1Y6 C

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C SMITH

PRES

03/17/2005

Electronic Signature of Signing Officer or Director

Date