2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006
Secretary of State

DOCUMENT# V36704

Entity Name: CONSOLIDATED COMPRESSOR, INC.

Current Principal Place of Business:

5435 TWIN CREEKS DR
VALRICO, FL 33594 US

New Principal Place of Business:

Current Mailing Address:

5435 TWIN CREEKS DR
VALRICO, FL 33594 US

New Mailing Address:

FEI Number: 59-3130937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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, AB T2J 1Y6 XX

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SMITH, CHARLES R
Address: 5435 TWIN CREEKS DR
City-St-Zip: VALRICO, FL 33594 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SMITH, PATRICIA J
Address: 5435 TWIN CREEKS DR
City-St-Zip: VALRICO, FL 33594 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHARLES R SMITH PD 03/15/2006

Electronic Signature of Signing Officer or Director Date