



State of New Hampshire 2008 ANNUAL REPORT

The following information shall be given as of January 1
preceding the due date Pursuant to RSA 293-A:16.22.
REPORT DUE BY April 1, 2008
ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 06/06/2008
Business ID: 558272
William M. Gardner
Secretary of State

CONSUMER ENERGY SOLUTIONS, INC.

1315 CLEVELAND ST
CLEARWATER, FL 33755

ADDRESS OF PRINCIPAL OFFICE:

1315 CLEVELAND ST
CLEARWATER, FL 33755

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM
9 CAPITOL STREET
CONCORD, NH 03301

ENTITY TYPE: CORPORATION
BUSINESS ID: 558272
STATE OF DOMICILE: FLORIDA

Energy Aggregator

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- The new mailing address **PO Box 2574, Clearwater, FL 33757**
 The new principal office address **1315 Cleveland St, Clearwater, FL 33755**
PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. **Patrick Clouden**
STREET **1315 Cleveland St**
CITY/STATE/ZIP **Clearwater FL 33755**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. **Albert J Mathers**
STREET **1315 Cleveland St**
CITY/STATE/ZIP **Clearwater FL 33755**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief

Sign here: **Patrick Clouden**

Please print name and title of signer: **Patrick Clouden** / **PRESIDENT**
NAME TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL):



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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529