

**STATE OF NEW HAMPSHIRE
PUBLIC UTILITIES COMMISSION**

**REGISTRATION APPLICATION
FOR GAS AGGREGATOR**

Pursuant to N.H. Code of Administrative Rules Chapter Puc 3000, PART Puc 3003.02, Consumer Energy Solutions, Inc., provides the following information for registration as a gas aggregator:

1	Legal Name as well as any Trade Name(s) under which aggregator intends to operate	Consumer Energy Solutions, Inc.
2	Business Address and Principal Place of Business	1255 Cleveland Street, Suite 400 Clearwater, FL 33756
	a) Telephone number	727-723-0704
	b) Facsimile Number	727-748-1546
	c) E-mail address	jmathers@consumerenergysolutions.com
3	Names, Titles, Business Addresses, Telephone Numbers and Facsimile Numbers of Aggregator's Principal Officers	Albert James Mathers, President 1255 Cleveland Street, Suite 400 Clearwater, FL 33756 Ph: 727-723-0704 Fax: 727-748-1546 Patrick Clouden, Vice President 1255 Cleveland Street, Suite 400 Clearwater, FL 33756 Ph: 727-723-0704 Fax: 727-748-1546
4	Telephone Number, including Toll Free Number, of Customer Service Contact Person and Facsimile Number	Albert James Mathers 727-723-0704 Toll Free No.: 1-877-748-1714
5	Copy of Authorization to do business in New Hampshire from Secretary of State	<u>See Attachment A</u>
6	Geographic Area(s) of NH in which applicant intends to provide service	The service areas of: National Grid Unitil/Northern Utilities New Hampshire Gas Corp.

7	Statement that Aggregator not representing any supplier interest or listing of supplier(s) Aggregator intends to represent	Consumer Energy Solutions, Inc. intends to broker gas services between customers and (1) Constellation New Energy and (2) Direct Energy.
8.	Electronic copy on diskette of filing	See Attachment B.

DECLARATION

I, ALBERT JAMES MATTHEWS, President
(print name and title) declare that I have personally reviewed the above statements and that they are true and correct and complete in all material respects. I further declare that the information contained in this application was prepared and compiled under my supervision and control. I further declare that I am authorized by the applicant to file this application on its behalf. I acknowledge that I have a positive duty to ascertain the accuracy and completeness of this application and that I sign this declaration under personal pains and penalties of perjury, including, but not limited to, those provided by New Hampshire law.

Dated this April day of
23 2010 at Rogers Beach
(day) (month) (year) (place of execution)

Signature: _____

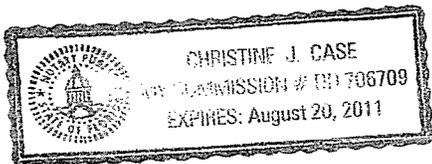
Title: _____

NOTARIZATION:

Notarial Seal

[Handwritten Signature]
President

[Handwritten Signature]
Christine Case



State of New Hampshire

Department of State

CERTIFICATE OF AUTHORITY OF

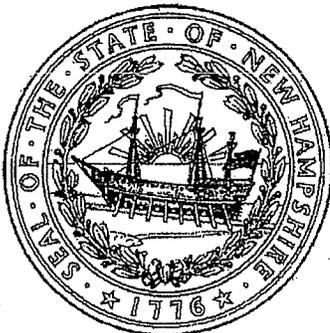
CONSUMER ENERGY SOLUTIONS, INC.

The undersigned, as Secretary of State of the State of New Hampshire, hereby certifies that an Application of CONSUMER ENERGY SOLUTIONS, INC. for a Certificate of Authority to transact business in this State, duly signed pursuant to the provisions of the New Hampshire Business Corporation Act, has been received in this office.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Authority to CONSUMER ENERGY SOLUTIONS, INC. to transact business in this State under the name of CONSUMER ENERGY SOLUTIONS, INC. and attaches hereto a copy of the Application for such Certificate.

Business ID#: 558272

IN TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 25th day of May, 2006 A.D.



William M. Gardner
Secretary of State

NEW HAMPSHIRE

Corporation Division

Search
By Business Name
By Business ID
By Registered Agent
Annual Report
File Online

Date: 4/15/2010 **Filed Documents**
(Annual Report History, View Images, etc.)

Business Name History

Name	Name Type
Consumer Energy Solutions, Inc.	Legal
Consumer Energy Solutions, Inc.	Home State

Corporation - Foreign - Information

Business ID: 558272
Status: Good Standing
Entity Creation Date: 5/25/2006
State of Business.: FL
Principal Office Address: 1255 Cleveland Street
Suite 400
Clearwater FL 33756
Principal Mailing Address: PO Box 2454
Clearwater FL 33757
Last Annual Report Filed Date: 3/31/2010 4:30:00 PM
Last Annual Report Filed: 2010

Registered Agent

Agent Name: C T Corporation System
Office Address: 9 Capitol Street
Concord NH 03301
Mailing Address:

Filed
Date Filed: 03/31/2010
Business ID: 558272
William M. Gardner
Secretary of State



State of New Hampshire 2010 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2010

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Consumer Energy Solutions, Inc.

PO Box 2574
Clearwater, FL 33757

ENTITY TYPE:	CORPORATION
BUSINESS ID:	558272
STATE OF DOMICILE:	FLORIDA
electricity and/or natural gas broker	

ADDRESS OF PRINCIPAL OFFICE:
1315 Cleveland St Clearwater, FL 33755
REGISTERED AGENT AND OFFICE:
C T Corporation System 9 Capitol Street Concord, NH 03301

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

The new mailing address P.O. Box 2454, Clearwater, FL 33757

The new principal office address 1255 Cleveland Street, Suite 400, Clearwater, FL 33756

PO Box is acceptable.

OFFICERS		BOARD OF DIRECTORS	
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). (MUST LIST AT LEAST ONE OFFICER BELOW)		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). (MUST LIST AT LEAST ONE DIRECTOR BELOW)	
A		B	
NAME	Albert James Mathers, President	NAME	Patrick Clouden, Director
STREET	8 Evonaire Circle	STREET	111 Manatee Road
CITY/STATE/ZIP	Belleair, FL 33756	CITY/STATE/ZIP	Belleair, FL 33756
NAME	Patrick Clouden, Vice President	NAME	
STREET	111 Manatee Road	STREET	
CITY/STATE/ZIP	Belleair, FL 33756	CITY/STATE/ZIP	
NAME		NAME	
STREET		STREET	
CITY/STATE/ZIP		CITY/STATE/ZIP	
NAME		NAME	
STREET		STREET	
CITY/STATE/ZIP		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: X

Please print name and title of signer: Albert James Mathers, President

NAME TITLE

FEE DUE: \$100.00 E-MAIL ADDRESS (OPTIONAL):

State of New Hampshire
Fee - Form 47 - (Corporations) 1 Page(s)

WHEN THIS FORM
PUBLIC DOCUMENT
REQUIRED INFORMA



BECOME A
SCLOSURE
L BE REJECTED

T1009505039

RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529