FORM

**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** ÜNIFORM LIMITED OFFERING EXEMPTION

| OMB APPR                         | OVAL      |
|----------------------------------|-----------|
| OMB Number:                      | 3235-0076 |
| Expires: April Estimated average | 30,2008   |
| Estimated average                | ge burden |
| hours per respon                 |           |

| SEC U  | SE ONLY  |
|--------|----------|
| Prefix | Serial   |
|        |          |
| DATE F | RECEIVED |
| 1      | 1        |

| Name of Offering ( check if this is an amen   | dment and name has changed, and indicate change.)  |  |
|---|--|--|
|   | different and frame has changed, and moreate change.)  |  |
| World Energy Solutions, Inc.  Filing Under (Check box(es) that apply):  Type of Filing:  New Filing  Amendm | Rule 504 Rule 505 Rule 506 Section 4(6)  | ULOE                                   |
|   | A. BASIC IDENTIFICATION DATA   | 05073727                               |
| 1. Enter the information requested about the is:  | suer   |  |
| Name of Issuer ( check if this is an amendment  | ent and name has changed, and indicate change.)  |  |
| World Energy Solutions, Inc.  |  |  |
| Address of Executive Offices  | (Number and Street, City, State, Zip Code)   | Telephone Number (Including Area Code) |
| 3900A 31st Street North, St. Petersburg, F.   | lorida 33714   | (727) 525-5552                         |
| Address of Principal Business Operations (if different from Executive Offices) SAME                         | (Number and Street, City, State, Zip Code)   | Telephone Number (Including Area Code) |
| Brief Description of Business   |  |  |
| •.  | services company that employs a multi-product a water utility bills) in their commercial, residential, | • •                                    |
|   | nited partnership, already formed other (partnership, to be formed                                     | please specify): PROCESSED             |
|   | Month Year anization: 0 4 8 4  | DEC 15 2005 THOMSON FINANCIAL          |
| GENERAL INSTRUCTIONS  |  |  |

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the tederal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

SEC 1972 (6-02)

|  |                       | A. BASIC ID                            | ENTIFICATION DATA             |   |   |
|--|-----------------------|--|-------------------------------|---|---|
| 2. Enter the information re-                             | quested for the fol   | llowing:                               |                               |   |   |
| • Each promoter of the                                   | ne issuer, if the iss | suer has been organized v              | within the past five years;   |   |   |
| Each beneficial own                                      | ner having the pow    | er to vote or dispose, or di           | irect the vote or disposition | of, 10% or more of                      | a class of equity securities of the issuer. |
| <ul> <li>Each executive offi</li> </ul>                  | cer and director o    | f corporate issuers and of             | f corporate general and ma    | naging partners of                      | partnership issuers; and                    |
| Each general and m                                       | anaging partner o     | f partnership issuers.                 |                               |   |   |
| Check Box(es) that Apply:                                | Promoter              | Beneficial Owner                       | Executive Officer             | ✓ Director                              | General and/or Managing Partner             |
| Full Name (Last name first, if                           | Eindinidual)          |  |                               |   |   |
| Croxton, Benjamin C.                                     | marviquar)            |  |                               |   |   |
| Business or Residence Address 3900A 31st Street North,   |                       | Street, City, State, Zip C<br>FL 33714 | ode)                          |   |   |
| Check Box(es) that Apply:                                | Promoter              | Beneficial Owner                       | Executive Officer             | Director                                | General and/or Managing Partner             |
| Full Name (Last name first, if<br>Prentice, Mike         | f individual)         |  |                               |   |   |
| Business or Residence Address 3900A 31st Street North, S | ,                     | Street, City, State, Zip C<br>FL 33714 | ode)                          |   |   |
| Check Box(es) that Apply:                                | Promoter              | Beneficial Owner                       | Executive Officer             | Director                                | General and/or Managing Partner             |
| Full Name (Last name first, it<br>Crumbliss, Jodi        | findividual)          |  |                               |   |   |
| Business or Residence Address                            | ss (Number and        | Street, City, State, Zip C             | ode)                          |   |   |
| 3900A 31st Street North,                                 | St. Petersburg,       | FL 33714                               |                               |   |   |
| Check Box(es) that Apply:                                | Promoter              | Beneficial Owner                       | Executive Officer             | Director                                | General and/or Managing Partner             |
| Full Name (Last name first, it<br>Steele, Rachel         | findividual)          |  |                               | , |   |
| Business or Residence Addres<br>7732 N. Mobley Road, O   | •                     | Street, City, State, Zip C             | (ode)                         |   |   |
| Check Box(es) that Apply:                                | Promoter              | Beneficial Owner                       | Executive Officer             | Director                                | General and/or Managing Partner             |
| Full Name (Last name first, it Rajax Corporation         | f individual)         |  |                               | , , , , , , , , , , , , , , , , , , ,   |   |
| Business or Residence Addres                             | ss (Number and        | Street, City, State, Zip C             | Code)                         |   |   |
| 7732 N. Mobley Road, Oc                                  | dessa, FL 33550       | 6                                      |                               |   |   |
| Check Box(es) that Apply:                                | Promoter              | Beneficial Owner                       | Executive Officer             | Director                                | General and/or Managing Partner             |
| Full Name (Last name first, it                           | f individual)         |  |                               |   |   |
| Business or Residence Address                            | ss (Number and        | Street, City, State, Zip C             | Code)                         |   |   |
| Check Box(es) that Apply:                                | Promoter              | Beneficial Owner                       | Executive Officer             | Director                                | General and/or<br>Managing Partner          |
| Full Name (Last name first, it                           | f individual)         |  |                               |   |   |
| Business or Residence Address                            | ss (Number and        | Street, City, State, Zip C             | Code)                         |   |   |

|           |  |   |   |   | B. II                                       | NFORMATI                                     | ION ABOU                                    | T OFFERI                                     | NG  |                           |                              |                      |                      |
|-----------|--|---|---|---|---|--|---|--|---|---------------------------|------------------------------|----------------------|----------------------|
| 1.        | Has the  | issuer solo                                   | l, or does th   | ne issuer ir                              | ntend to se                                 | ll, to non-a                                 | ccredited i                                 | nvestors in                                  | this offeri                                       | ng?                       |                              | Yes                  | No                   |
|           | Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual? |   |   |   |   |  | . 101                                       | 000.00                                       |   |                           |                              |                      |                      |
| 2.        | What is  | the minim                                     | um investm  | ent that w                                | ill be acce                                 | pted from a                                  | my individ                                  | ual?   |   |                           |                              | <b>a</b>             |                      |
| 3.        | Does th  | e offering                                    | permit joint  | ownershi                                  | p of a sing                                 | le unit?                                     |   |  |   |                           | •••••                        | Yes                  | No<br>🗷              |
| 4.        | commis<br>If a pers<br>or states   | sion or sim<br>on to be lis<br>s, list the na | ion request<br>ilar remuner<br>ted is an ass<br>ame of the be<br>you may so | ration for s<br>ociated pe<br>roker or de | solicitation<br>rson or age<br>caler. If mo | of purchase<br>nt of a brok<br>ore than five | ers in conne<br>er or deale<br>e (5) persor | ection with<br>r registered<br>as to be list | sales of sec<br>I with the S<br>ed are asso       | curities in the EC and/or | ne offering.<br>with a state |                      |                      |
| Ful<br>N/ |  | Last name                                     | first, if indi  | vidual)                                   |   |  |   |  |   |                           |                              |                      |                      |
| Bu        | siness or  | Residence                                     | Address (N  | umber and                                 | Street, Ci                                  | ty, State, Z                                 | (ip Code)                                   |  |   |                           |                              |                      |                      |
| Na        | me of Ass  | sociated Br                                   | oker or Dea   | aler                                      |   |  |   | <del></del>                                  |   |                           |                              |                      |                      |
| 114       | nie or ris.  | ociated Bi                                    | oker or Dec   | 4101                                      |   |  |   |  |   |                           |                              |                      |                      |
| Sta       | tes in Wh  | ich Person                                    | Listed Has  | Solicited                                 | or Intends                                  | to Solicit l                                 | Purchasers                                  |  |   |                           |                              |                      |                      |
|           | (Check   | "All States                                   | or check  | individual                                | States)                                     |  |   |  |   |                           |                              |                      | States               |
|           | AL IL MT   | AK<br>IN<br>NE<br>SC                          | AZ<br>IA<br>NV<br>SD  | AR<br>KS<br>NH<br>TN                      | CA<br>KY<br>NJ<br>TX                        | CO<br>LA<br>NM<br>UT                         | ME<br>NY<br>VT                              | DE<br>MD<br>NC<br>VA                         | MA<br>ND<br>WA                                    | FL<br>MI<br>OH<br>WV      | GA<br>MN<br>OK<br>WI         | HI<br>MS<br>OR<br>WY | MO<br>PA<br>PR       |
| Ful       | ll Name (  | Last name                                     | first, if indi  | ividual)                                  |   |  |   |  |   |                           |                              |                      |                      |
| Bu        | siness or  | Residence                                     | Address (N  | Number an                                 | d Street, C                                 | ity, State, 2                                | Zip Code)                                   |  |   |                           |                              |                      |                      |
| Na        | me of As   | sociated Bi                                   | oker or Dea   | aler                                      |   |  |   | <del> </del>                                 | <del>, , , , , , , , , , , , , , , , , , , </del> |                           |                              | -                    |                      |
| Sta       | tes in Wh  | ich Person                                    | Listed Has  | Solicited                                 | or Intends                                  | to Solicit                                   | Purchasers                                  |  |   |                           |                              |                      |                      |
|           | (Check   | "All States                                   | s" or check   | individual                                | States)                                     |  |   | ***************************************      | *****************                                 | ••••••••                  | •••••                        | ☐ Al                 | l States             |
|           | AL<br>IL<br>MT<br>RI   | AK<br>IN<br>NE<br>SC                          | IA<br>NV<br>SD  | AR<br>KS<br>NH<br>TN                      | CA<br>KY<br>NJ<br>TX                        | CO<br>LA<br>NM<br>UT                         | ME<br>NY<br>VT                              | DE<br>MD<br>NC<br>VA                         | DC<br>MA<br>ND<br>WA                              | FL<br>MI<br>OH<br>WV      | GA<br>MN<br>OK<br>WI         | HI<br>MS<br>OR<br>WY | MO<br>PA<br>PR       |
| Ful       | ll Name (  | Last name                                     | first, if indi  | ividual)                                  |   |  | ····  |  |   |                           |                              |                      |                      |
| Bu        | siness or  | Residence                                     | Address (1  | Number an                                 | d Street, C                                 | ity, State, 2                                | Zip Code)                                   |  |   |                           |                              |                      |                      |
| Na        | me of As   | sociated Br                                   | oker or Dea   | aler                                      |   | <del></del>                                  |   |  | ,   |                           |                              |                      |                      |
| Sta       | ites in Wh   | nich Person                                   | Listed Has  | Solicited                                 | or Intends                                  | to Solicit                                   | Purchasers                                  |  |   |                           |                              |                      |                      |
|           | (Check "All States" or check individual States)  |   |   |   |   | Al   | l States                                    |  |   |                           |                              |                      |                      |
|           | AL<br>IL<br>MT<br>RI   | AK<br>IN<br>NE<br>SC                          | AZ<br>IA<br>NV<br>SD  | AR<br>KS<br>NH<br>TN                      | CA<br>KY<br>NJ<br>TX                        | CO<br>LA<br>NM<br>UT                         | CT<br>ME<br>NY<br>VT                        | DE<br>MD<br>NC<br>VA                         | DC<br>MA<br>ND<br>WA                              | FL<br>MI<br>OH<br>WV      | GA<br>MN<br>OK<br>WI         | HI<br>MS<br>OR<br>WY | ID<br>MO<br>PA<br>PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.                                      |                             |                            |
|----|--|-----------------------------|----------------------------|
|    | Type of Security   | Aggregate<br>Offering Price | Amount Already<br>Sold     |
|    | Debt   | \$                          | \$                         |
|    | Equity   |                             |                            |
|    | Common Preferred   |                             |                            |
|    | Convertible Securities (including warrants)  | \$                          | \$                         |
|    | Partnership Interests  |                             |                            |
|    | Other (Specify)  |                             |                            |
|    | Total  |                             |                            |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                             |                            |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             | Number                      | Aggregate<br>Dollar Amount |
|    |  | Investors                   | of Purchases               |
|    | Accredited Investors   | 0                           | \$_0.00                    |
|    | Non-accredited Investors   |                             | \$_45,000.00               |
|    | Total (for filings under Rule 504 only)  |                             | \$                         |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                             |                            |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                             |                            |
|    | Type of Offering   | Type of<br>Security         | Dollar Amount<br>Sold      |
|    | Rule 505   |                             | \$                         |
|    | Regulation A   |                             | \$                         |
|    | Rule 504   |                             | \$                         |
|    | Total  |                             | \$ 0.00                    |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                            |
|    | Transfer Agent's Fees  |                             | \$                         |
|    | Printing and Engraving Costs   |                             | \$_0.00                    |
|    | Legal Fees   |                             | \$_75,000.00               |
|    | Accounting Fees  |                             | \$ 75,000.00               |
|    | Engineering Fees   |                             | \$ 0.00                    |
|    | Sales Commissions (specify finders' fees separately)   | <b></b>                     | \$ 500,000.00              |
|    | Other Expenses (identify) Broker-dealer expenses   |                             | \$ 150,000.00              |
|    | Total  |                             | \$ 800,000.00              |

|     | b. Enter the difference between the aggregate offering price given in response to Part C — Questic and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted g proceeds to the issuer."  | ross   | 9,200,000.00          |
|-----|--|--|-----------------------|
| 5.  | Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used each of the purposes shown. If the amount for any purpose is not known, furnish an estimate check the box to the left of the estimate. The total of the payments listed must equal the adjusted g proceeds to the issuer set forth in response to Part C — Question 4.b above. | and  |                       |
|     |  | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others |
|     | Salaries and fees  | <del></del>  | \$_1,200,000.00       |
|     | Purchase of real estate  | [ \$_0.00  | \$ 0.00               |
|     | Purchase, rental or leasing and installation of machinery and equipment  |  | \$ 5,000,000.0        |
|     | Construction or leasing of plant buildings and facilities  | \$ <u>0.00</u>   | \$ 53,754.00          |
|     | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)   | <u>\$</u> 0.00   | \$_0.00               |
|     | Repayment of indebtedness  | \$ 150,000.00  | \$_0.00               |
|     | Working capital  | 🔲 \$   | \$ 500,000.00         |
|     | Other (specify): Legal & Accounting; Broker-dealer commissions & expenses  | 🗆 \$   | \$ 800,000.00         |
|     | Research & Development; Capital reserve  | <br>   | \$                    |
|     | Column Totals  | \$ 150,000.00  | \$ 9,050,000.0        |
|     | Total Payments Listed (column totals added)  | § <u>9,</u> :  | 200,000.00            |
|     | D. FEDERAL SIGNATURE   |  |                       |
| sig | e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice to be signed by the instance constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Constitutes and Exchange Constitutes are information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2)        | nmission, upon writte                                  |                       |
| Iss | uer (Print or Type)  | Date   |                       |
| W   | orld Energy Solutions, Inc.  | December 1, 20   | 05                    |
| Na  | me of Signer (Print or Type)  Title of Signer (Print or Type)  |  |                       |
| Ber | njamin C. Croxton Chief Executive Office   |  |                       |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

## - ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|          | E. STATE SIGNATURE  |
|----------|---|
| 1.       | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification  Yes  No provisions of such rule?   |
|          | See Appendix, Column 5, for state response.   |
| 2.       | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.   |
| 3.       | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.   |
| 4.       | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. |
|          | ner has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned thorized person.   |
| Issuer ( | Print or Type) Signature Date   |
| World E  | Energy Solutions, Inc. December 1, 2005   |
| Name (   | Print or Type) Title (Print of Type)  |
| Benjan   | nin C. Croxton Chief Executive Officer  |

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### **APPENDIX** 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors **Investors** Yes No Amount Amount AL $\mathsf{AK}$ ΑZ AR $\mathsf{C}\mathsf{A}$ Com. Stk. CO \$10,000.00 X X 1 \$10.000.000 CT DE DC Com. Stk. #10/9 FL X 1 \$35,000.00 X GΑ Н ID ILIN IA KS KY LA ME MD MA MI MN MS

#### APPENDIX 2 1 3 4 Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to sell to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors Investors Yes No State Amount Amount MO MT NE NVNH NJ NMNY NC ND OH OK OR PA RI SC SD TN TXUT VT VA WA wv WI

|       | APPENDIX             |  |  |  |        |  |        |  |   |  |
|-------|----------------------|--|--|--|--------|--|--------|--|---|--|
| 1     |                      | 2  | 3  | 4 5 Disqualificat  |        |  | 4      |  |   |  |
|       | to non-a<br>investor | to sell<br>ccredited<br>s in State<br>-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) |        |  |        | under Sta<br>(if yes,<br>explan-<br>waiver | attach<br>attach<br>attion of<br>granted) |  |
| State | Yes                  | No   |  | Number of<br>Accredited<br>Investors                           | Amount | Number of<br>Non-Accredited<br>Investors | Amount | Yes  | No  |  |
| WY    |                      |  |  |  |        |  |        |  |   |  |
| PR    |                      |  |  |  |        |  |        |  |   |  |

# Uniform Corporate Resolution Uniform Form of Corporate Resolution of

# WORLD ENERGY SOLUTIONS, INC.

RESOLVED, that it is desirable and in the best interest of this Corporation that its securities be qualified or registered for sale in various states; that the President or any Vice President and the Secretary or any Assistant Secretary hereby are authorized to determine the states in which appropriate action shall be taken to qualify or register for sale all or such part of the securities of this Corporation as said officers may deem advisable; that said officers are hereby authorized to perform on behalf of this Corporation any and all such acts as they deem necessary or advisable in order to comply with the applicable laws of any such states, and in connection therewith to execute and file all requisite papers and documents, including, but not limited to, applications, reports, surety bonds, irrevocable consents and appointments of attorneys for service of process; and the execution by such officers of any such paper or document or the doing by them of any act in connection with the foregoing matters shall conclusively establish their authority from this Corporation and the approval and ratification by this Corporation of the papers and documents so executed and the action so taken.

#### **CERTIFICATE**

The undersigned hereby certifies that he is the Chief Executive Officer of World Energy Solutions, Inc., a corporation organized and existing under the laws of the State of Florida; that the foregoing is a true and correct copy of a resolution duly adopted at a meeting of the Board of Directors of said corporation held on the 7<sup>th</sup> day of November, 2005, at which meeting a quorum was at all times present and acting; that the passage of said resolution was in all respects legal; and that said resolution is in full force and effect.

Benjamin C. Croxton, Chie Executive Officer

Dated this 1st day of December, 2005.

(CORPORATE SEAL)

#### Form U-2

#### Form U-2 Uniform Consent to Service of Process

#### KNOW ALL MEN BY THESE PRESENTS:

That World Energy Solutions, Inc., a corporation organized under the laws of the State of Florida, for purposes of complying with the laws of the States indicated hereunder relating to either the registration or sale of securities, hereby irrevocably appoints the officers of the States so designated hereunder and their successors in such offices, its attorney in those States so designated upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities or out of violation of the aforesaid laws of the States so designated; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the States so designated hereunder by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that State and have been served lawfully with process in that State.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

Benjamin C. Croxton, CEO World Energy Solutions, Inc. 3900A 31<sup>st</sup> Street North St. Petersburg, Florida 33714

Place an "X" before the names of all the States for which the person executing this form is appointing the designated Officer of each State as its attorney in that State for receipt of service of process:

| <u>x</u> _AL | Secretary of State   | <u>x</u> FL  | Dept. of Banking and Finance                     |
|--------------|--|--------------|--|
| <u>x</u> _AK | Administrator of the Division of Banking and Corporations, Department of Commerce and Economic Development | <u>x</u> _GA | Commissioner of Securities                       |
| <u>x</u> _AZ | The Corporation Commission   | GUAM         | Administrator, Department of Finance             |
| <u>x</u> _AR | The Securities Commissioner  | <u>x</u> _HI | Commissioner of Securities                       |
| <u>x</u> _CA | Commissioner of Corporations   | <u>x</u> _ID | Director, Department of Finance                  |
| <u>x</u> _CO | Securities Commissioner  | <u>x</u> _IL | Secretary of State                               |
| <u>x</u> _CT | Banking Commissioner   | <u>x</u> _IN | Secretary of State                               |
| <u>x</u> _DE | Securities Commissioner  | <u>x</u> IA  | Commissioner of Insurance                        |
| <u>x</u> _DC | Dept. of Insurance & Securities Regulation   | <u>x</u> _KS | Secretary of State                               |
| <u>x</u> _KY | Director, Division of Securities   | <u>x</u> _OH | Secretary of State                               |
| <u>x</u> _LA | Commissioner of Securities   | <u>x</u> OR  | Director, Department of<br>Insurance and Finance |

| <u>x</u> ME  | Administrator, Securities Division                       | <u>x</u> OK  | Securities Administrator   |
|--------------|--|--------------|--|
| <u>x_</u> MD | Commissioner of the Division of Securities               | <u>x</u> _PA | Pennsylvania does not require filing of a Consent to Service of Process      |
| <u>x</u> _MA | Secretary of State                                       | <u>x</u> _PR | Commissioner of Financial Institutions                                       |
| <u>x</u> _MI | Commissioner, Office of Financial and Insurance Services | <u>x</u> _RI | Director of Business Regulation  |
| <u>x</u> MN  | Commissioner of Commerce                                 | <u>x</u> SC  | Securities Commissioner  |
| <u>x</u> _MS | Secretary of State                                       | <u>x</u> SD  | Director of the Division of Securities                                       |
| <u>x</u> _MO | Securities Commissioner                                  | <u>x</u> _TN | Commissioner of Commerce and Insurance                                       |
| <u>x</u> _MT | State Auditor and Commissioner of Insurance              | <u>x</u> TX  | Securities Commissioner  |
| <u>x</u> _NE | Director of Banking and Finance                          | <u>x</u> UT  | Director, Division of Securities   |
| xNV          | Secretary of State                                       | <u>x</u> _VT | Commissioner of Banking,<br>Insurance, Securities & Health<br>Administration |
| _x_NH        | Secretary of State                                       | <u>x</u> _VA | Clerk, State Corporation<br>Commission                                       |
| <u>x</u> _NJ | Chief, Securities Bureau                                 | <u>x</u> WA  | Director of the Department of Licensing                                      |
|              |  | <u>x</u> _WV | Commissioner of Securities   |
| _x_NM        | Director, Securities Division                            |              |  |
| <u>x</u> NY  | Secretary of State                                       | <u>x</u> _WI | Department of Financial Institutions, Division of Securities                 |
| _x_NC        | Secretary of State                                       | <u>x</u> _WY | Secretary of State   |
| <u>x</u> _ND | Securities Commissioner                                  |              |  |
|              | , &  |              |  |

WORLD ENERGY SOLUTIONS, INC.

Benjamin C. Croxton, Chief Executive Officer

2

# CORPORATE ACKNOWLEDGMENT

| State of Florida)   |
|---|
| County of Pinellas) ss.   |
| On this day of December, 2005, before me Recomplete the undersigned officer, personally appeared Benjamin C. Croxton, known personally to me to be the Chief Executive Officer of the above named corporation and acknowledged that he, as an officer being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as an officer. |
| N WITNESS WHEREOF I have hereunto set my hand and official seal.  Notasy Public/Commissioner of Oath  |
| My Commission Expires   |
| John R. Kiefner, Jr.  MY COMMISSION # DD111960 EXPIRES  August 25, 2006  SEAL)  SEAL)   |