


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P40501 1. Entity Name WYO-BEN, INC.	
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Principal Place of Business P.O. BOX 1979 BILLINGS, MT 59103	Mailing Address P.O. BOX 1979 BILLINGS, MT 59103
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DO NOT WRITE IN THIS SPACE



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0291876	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000541132 05/10/06-80046-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROWN, DAVID S. 4732 SANCTUARY TRAIL BILLINGS, MT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BROWN, ROCKWOOD 3028 JOAN LANE BILLINGS, MT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BUCKINGHAM DOUGLAS A 531 INDIAN TRAIL BILLINGS, MT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD BROWN, RICHARD K. 1011 YALE BILLINGS, MT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas A. Buckingham Date: 4/25/06 Daytime Phone #: (406) 652-6351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOUGLAS A. BUCKINGHAM