(Requestor's Name)		
(Address)	4000810	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL	10/23/06010	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:	PIX Pub	

Office Use Only



17564

117--006 **35.00

COVER LETTER

TO:		
	Division of Corporations	
SUBJ	SUBJECT: CASTLEGUARD ENERGY, INC.	
	(Name of Corporation	-
DOC	DOCUMENT NUMBER: K29705	
The e	The enclosed Resignation of Registered Agent for a Corporati	on and fee are submitted for filing.
Please	Please return all correspondence concerning this matter to the	following:
	(Name of Person)	e e e e e e e e e e e e e e e e e e e
PAF	PARACORP INCORPORATED	
	(Name of Firm/Company)	
PO	PO BOX 160568	
	(Address)	en e e
SAC	SACRAMENTO, CA 95816	
	(City/State and Zip Code)	
For fu	For further information concerning this matter, please call:	
MON	MONICA MASER at (888) (Name of Person) (Area Code &	886-716610/18(M) Sent Daytime Telephone Number)
Enclo or \$35	Enclosed is a check made payable to the Florida Department or \$35.00 for an administratively dissolved, voluntarily dissolved.	of State for \$87.50 for an active corporation
Amen Divisi Clifto 2661	Amendment Section Division of Corporations Clifton Building Clof1 Executive Center Circle Callahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	•

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, PARACORP INCORPORATED
(Name of Registered Agent)
hereby resigns as Registered Agent for CASTLEGUARD ENTERGY, INC.
(Name of Corporation)
K29705
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
DENISE ZOLLNER
(Typed or Printed Name)
ASSISTANT SECRETARY OF PARACORP
(Canacity)

Fee for filing this document: \$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

COVER LETTER

10:	Division of Corporations	
SUBJ	ECT: CASTLEGUARD EN	ERGY, INC.
		(Name of Corporation)
DOC	UMENT NUMBER: K2970	05
The er	nclosed Resignation of Regist	ered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence cor	ncerning this matter to the following:
	(Name of Pers	on)
PAR	ACORP INCORPORATED	
	(Name of Firm/Co	npany)
PO E	BOX 160568	
	(Address)	
SAC	RAMENTO, CA 95816	
	(City/State and Zip	Code)
For fu	rther information concerning	this matter, please call:
MON	ICA MASER	at (888) 886-716610/18(M) Sent (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos or \$35	sed is a check made payable to .00 for an administratively dis	o the Florida Department of State for \$87.50 for an active corporation ssolved, voluntarily dissolved or withdrawn corporation.
Ameno Division Cliftor 2661 B	Address: dment Section on of Corporations on Building Executive Center Circle assee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, PARACORP INCORPORATED
(Name of Registered Agent)
nereby resigns as Registered Agent for CASTLEGUARD ENTERGY, INC.
(Name of Corporation)
K29705
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which his statement is filed.
(Signature of Resigning Agent)
f signing on behalf of an entity:
DENISE ZOLLNER
(Typed or Printed Name)
ASSISTANT SECRETARY OF PARACORP

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Capacity)