
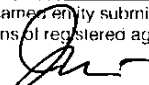
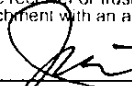


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P96000051412						FILED 06 JUN -6 PM 12:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name GUYTON ENERGY CORPORATION				Principal Place of Business 109 NORTH BRUSH STREET SUITE 440 TAMPA, FL 33602			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address 109 NORTH BRUSH STREET SUITE 440 TAMPA, FL 33602			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-3383270				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 HOBBY, CLARKE G 109 N. BRUSH ST., STE 440 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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:  DATE: 04-28-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
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			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITTLE NAME STREET ADDRESS CITY ST ZIP	D GUYTON, JOHN A 109 BRUSH STREET 4TH FLOOR TAMPA, FL 33602 <input type="checkbox"/> Delete			TITTLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700076204987 06/14/06--01035--013 **450.00		
TITTLE NAME STREET ADDRESS CITY ST ZIP	DPC GUYTON, J B 109 BRUSH STREET 4TH FLOOR TAMPA, FL 33602 <input type="checkbox"/> Delete			TITTLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITTLE NAME STREET ADDRESS CITY ST ZIP	D GUYTON, CAROLE M 109 BRUSH STREET 4TH FLOOR TAMPA, FL 33602 <input type="checkbox"/> Delete			TITTLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITTLE NAME STREET ADDRESS CITY ST ZIP	D AWMILLER, AVERY G 109 BRUSH STREET 4TH FLOOR TAMPA, FL 33602 <input type="checkbox"/> Delete			TITTLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITTLE NAME STREET ADDRESS CITY ST ZIP	D COLLINS GUYTON, M C 109 BRUSH STREET 4TH FLOOR TAMPA, FL 33602 <input type="checkbox"/> Delete			TITTLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6/9 JC		
TITTLE NAME STREET ADDRESS CITY ST ZIP	STD GUYTON, JOHN A III 109 BRUSH STREET 4TH FLOOR TAMPA, FL 33602 <input type="checkbox"/> Delete			TITTLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 				Date: May 30, 2006			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 813-224-0822			