

P00000106686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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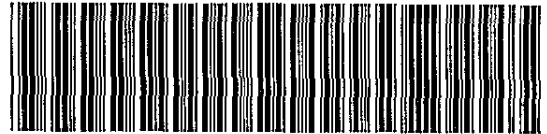
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Scip*

JUN 29 2005

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PSY-ASSESSMENTS SOLUTIONS, INC.

**DOCUMENT NUMBER:** P00000106686

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISSETTE GIL

(Name of Person)

PSY-ASSESSMENTS SOLUTIONS, INC.

(Name of Firm/Company)

4530 SW 154TH PLACE

(Address)

MIAMI FLORIDA 33185

(City/State/and Zip Code)

For further information concerning this matter, please call:

LISSETTE GIL

(Name of Person)

at ( 305 ) 903-3505

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State: PSY-ASSESSMENTS SOLUTIONS, INC.

SECOND: The document number of the corporation (if known): P00000106686

THIRD: The date dissolution was authorized: 12/31/2004
Effective date of dissolution if applicable: 12/31/2004
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

[X] Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

[ ] Dissolution was approved by of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

100%
(voting group)

Signed this 15 day of JUNE 2005

Signature: [Handwritten Signature]

(By a director, president or other officer - if directors or officers have not been selected by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fiduciary)

LISSETTE GIL
(Typed or printed name of person signing)

PRESIDENT AND DIRECTOR
(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE
FLORIDA