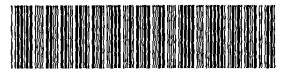
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Wollen. Diss. 05/3/05

COVER LETTER

Division of Corporations				
SUBJECT: Orticle of DOCUMENT NUMBER: POICOCC	Dissolution			
DOCUMENT NUMBER: POICOC	96112			
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the f	following:			
Laura M. Hasi (Name of Person)	ke LL			
(Name of Person)				
Trade Winds Lawnscape INC. (Name of Firm/Company)				
7893 Cameron Circ	· 12			
Ft. Myers FL. 33912 (City/State/and Zip Code)				
For further information concerning this matter, please call:				
Laura Huskell at (239) (Name of Person) (Area Co) 235-7352 ode & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fe Certificate of Status Certified Copy (Additional copy enclosed)	Certificate of Status &			
	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:			
	Trade Winds Lawnscape T.	NC:		
SECOND:	The document number of the corporation (if known): POICOO	96112		
THIRD:	The date dissolution was authorized: 4/17/0.5			
	Effective date of dissolution if applicable: (no more than 90 days after dissolution	file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolution		
	Dissolution was approved by of the shareholders through voting groups.			
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	ntitled		
	The number of votes cast for dissolution was sufficient for approval by	SECRETARY ISION OF C		
	100 20 (voting group)	ARY F CO.		
	(voting group)	SP S		
	Signed this	TATE RATION 3+ O4		
	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, by that fiduciary)	tird		
	Laura M. Haske II Preside (Typed or printed name of person signing)	nd		
	President framed named person signing) (Title of person signing)			
	(Title of person signing)			

Filing Fee: \$35