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* Canada MAY 2 5 2005

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: David Wells Foundation					
(Name of corporation)					
DOCUMENT NUMBER: F02000004357					
The enclosed withdrawal application and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Sharon A. Gibbons					
(Name of Person)					
Seyburn, Kahn, Ginn, Bess & Serlin, P.C.					
(Firm/Company)					
Suite 1500, 2000 Town Center					
(Address)					
Southfield, Michigan 48075-1195					
(City/State and Zip code)					
For further information concerning this matter, please call:					
Sharon A. Gibbons at (248) 353-7620					
(Name of Person) (Area Code & Daytime Telephone Number)					
STREET ADDRESS: Amendment Section Division of Corporations MAILING ADDRESS: Amendment Section Division of Corporations					

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

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

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

David Wells Foundation, Inc.

		(Name of Corporation)		
F020	000004357			
	(Docume	ent Number of Corporation (if	known)	
Mich	igan			
	-	(Incorporated Under Laws of)		
	n is no longer transacting be enders its authority to transa			Florida and hereby
appoints the De	n revokes the authority of partment of State as its age orized to transact business	nt for service of process b	ased on a cause of action	
The following is	s a current mailing address	for the corporation:		
	314 Signature Terrace			700
		(Mailing Address)		- 5 S
	Safety Harbor, Florida 34	1695		SS 22
,	, , , , , , , , , , , , , , , , , , , ,	(City/ State /Zip)		FILED Y20 PMI2 YASSHE FILE
				OF STA
Γhe corporation	agrees to notify the Depart	tment of State in the future	e of any change in its m	≒
x C	buil (1)	e/i	5-12-0	
(Signature receiver of	of a director, president or other officer other court appointed fiduciary, by	er - if in the hands of a that fiduciary)	(Date)	
David L. Wells			President	
(Type	ed or printed name of person signing))	(Title of person s	signing)
		FILING FEE \$35		