F02000005174

(Requestor's Name)				
(Address)				
(Address)				
(loaness)				
20.00				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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05/08/06--01029--014 **87.50

DE MAY -8 AM 9: 24.
SECRETARY OF STATE

Walson of



CT 111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

April 26, 2006

RE: SWISSFONE, INC.

(DE.DOM.)

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

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in amount of <u>\$87.50</u> to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Thoresa Alfieri(lk)

Theresa Alfieri

Senior Supervisor & Assistant Secretary

TA/lk Enclosure

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502	2(2), 607.1509, or 617	⁷ .1509,
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM		
	(Name o	f Registered Agent)	
hereby resigns as Registered Agent for	SWISSFONE, INC.	(DE.DOM.)	•
	(Name of Corporation)		
F02000005174			
(Document Number, if known)			
A copy of this resignation was mailed to	o the above listed con	poration at its last kno	own address.
The agency is terminated and the office this statement is filed.	discontinued on the	31st day after the date	on which
The	alf		
(Si	gnature of Resigning Age	int)	
If signing on behalf of an entity:			OG N
C T CORPORAT	TION SYSTEM - THE	RESA ALFIERI	LAN THE
	Typed or Printed Name)		SSE O
AS	SISTANT SECRETAL	ξΥ	EFFL STA
	(Capacity)		3 2

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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