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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Jackson and Associates, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: |
| The enclosed withdrawal application and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| David Jackson |
| (Name of Person) |
| Jackson + Associates Inc. (Firm/Company) |
| - 6917 Old Pimbro Rel (Address) |
| Baltimare, MD 21209 (City/State and Zip code) |
| For further information concerning this matter, please call: |
| Elizabeth Neotman at (410)602-4020 (Name of Person) (Area Code & Daytime Telephone Number) |
| 4 |

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2007

DAVID JACKSON JACKSON & ASSOCIATES, INC. 6917 OLD PIMLICO RD BALTIMORE, MD 21209

SUBJECT: JACKSON & ASSOCIATES, INC.

Ref. Number: F04000002250

We have received your document for JACKSON & ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign your document and return for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith Document Specialist

Letter Number: 407A00013501

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

| Jackson and Associates Inc. |
|--|
| (Name of Corporation) |
| A PART OF THE PART |
| (Document Number of Corporation (if known) |
| (Document Number of Corporation (if known) |
| Delewore (Incorporated Under Laws of) |
| (Incorporated Order Laws of) |
| This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida. |
| This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida. |
| The following is a current mailing address for the corporation: |
| 6917 Old P.Mlico Rd (Mailing Address) |
| Bultimore, MD 21209 (City/State/Zip) |
| The corporation agrees to notify the Department of State in the future of any change in its mailing address. |
| (Signature of a director, president of other officer - if in the hands of a receiver or other court appointed hyliciary, by that fiduciary) |
| David L. Jackson President (Typed or printed name of person signing) (Title of person signing) |

FILING FEE \$35