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Withdr.

C. Coulliste AUG 2 8 2006

### COVER LETTER

TO:		ment Section
	Divisio	n of Corporation
SHRI	FCT.	MYDDS

Name of Corporation)

EIN 20-4578009 DOCUMENT NUMBER: FOG 600002161

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra Distler

(Name of Person)

MYDDS. COM, INC

(Firm/Company)

P. B. Box 331067

(Address)

Atlantic Beach, FL 32233-1067

(City/State and Zip code)

For further information concerning this matter, please call:

Name of Person) at (904) 564-1978

(Area Code & Daytime Telephone Number)

#### 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

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

MYDD5. COM INC (Name of Corporation)
(Name of Corporation)
F06000002161 / EIN 20-4578009
(Document Number of Corporation (if known)
Nevada (Incorporated Under Laws of)  FILI  FILI
(Incorporated Onder Laws of)  HATT SG F
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:
P. O. Box 331067 (Mailing Address)
(Mailing Address)
Atlantic Beach, FL 32233-1067
(City/ State /ZIP)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
X (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  81221049 (Date)
Tebbie Distlar  (Typed or printed name of person signing)  (Title of person signing)  Reguestered Agert
FILING FEE \$35