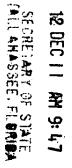
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COVER LETTER

TO: Amendment Section		
Division of Corporations		- l
SUBJECT: Retinapharma T		
= 00000	(Name of Corporat	ion)
DOCUMENT NUMBER: F08000	005113	
The enclosed withdrawal application and	fee are submitted for	filing.
Please return all correspondence concerning matter to the following:	g this	
James A. McNulty		
	(Name of Person)	
Hopkins Capital Gr	oup, LLC	
	(Firm/Company)	
324 S. Hyde Park	Avenue, Su	ite 350
	(Address)	
Tampa, Florida 330	606	
	City/State and Zip co	de)
For further information concerning this mat	ter, please call:	
Michelle L. Brown	at (813	0864-2557 ode & Daytime Telephone Number)
(Name of Person) Enclosed is a check for the amount:	(Area C	ode & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy Enclosed)	Certificate of Status & Certified
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

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

2 - 2 Min S

Retinapharma Technologies, Inc.
(Name of Corporation)
F08000005113
(Document Number of Corporation (if known)
Delaware
(Incorporated Under 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:
324 S. Hyde Park Avenue, Suite 350
(Mailing Address)
Tampa, Florida 33606
(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 or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
James A. McNulty, CPA (Typed or printed name of person signing) Secretary (Title of person signing)