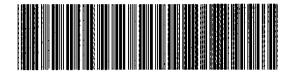
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withdrawal

Brown 9-1-1

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Kona Blue, 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:
Karin Robertson (Name of Person)
(Name of Person)
Kona Blue, Inc.
(Firm/Company)
PO BOX 070811
(Address)
PO BOX 0708/1 (Address) Milwaukee, WI 53207-08/1
(City/State and Zip code)
For further information concerning this matter, please call:
Harin Robertson at 414 651-9556 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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

Kona Blue Inc. (Name of Corporation)	195 A
(Document Number of Corporation (if known)	ALLAH S
Nevada	SEE. FL
(Incorporated Under Laws of)	B.C.

This cor 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:	(address onfile)
(mailing address) (PO BOX 070811)	(address onfile) 3436 S. Lenox St.
(Mailing Address)	
milwaukee, WI	53207
(City/ State /Zip)	

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

receiver or other court appointed fiduciary, by that fiduciary)

FILING FEE \$35