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withhold.

C. Coulllette MAR 30 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AnnuityNet Insurance Agency, 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:

Jeffrey Hahn
(Name of Person)

AnnuityNet Insurance Agency, Inc.
(Firm/Company)

2350 Corporate Park Dr, Suite 600
(Address)

Herndon, VA 20171
(City/State and Zip code)

For further information concerning this matter, please call:

Jeffrey Hahn at (703) 234-0145
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

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

Annuity Net Insurance Agency, Inc.
(Name of Corporation)

(Document Number of Corporation (if known))

Indiana
(Incorporated Under Laws of)

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TALLAHASSEE, FLA.

FILING FEE \$35