(R	equestor's Name)	
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(C	ity/State/Zip/Phone	#)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ALL IN ONE SUPPLY, INC. (Name of Corporation)
DOCUMENT NUMBER: J 79429
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
John K. REVINS (Name of Person)
ALL IN ONE SORLY INC (Name of Firm/Company)
3746 SILURR STAR RD (Address)
ORLANDO FL 32808 (City/State and Zip Code)
For further information concerning this matter, please call:
John K BEVINS at (407) 295-2500 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, John K. BEVINS	, hereby resign as PRRSIBENT (Title)
of ALLIN ONe Sopphine	me of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	•
\bigcirc	An K Alveira PEE 3
	SECRETARY OF SIAN (Signature of resigning officer/director) (Signature of resigning officer/director)
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	LOR STAT

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314