

N030000008644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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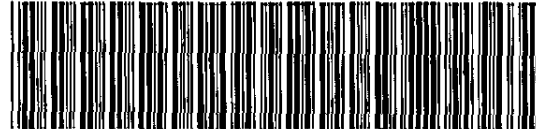
(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Officer Resignation

T BROWN MAY 26 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACADEMIE CHRETIENNE HAITIENNE D'ORLANDO, INC
(Name of Corporation)

DOCUMENT NUMBER: 110300008644

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORENZO O. THOMPSON
(Name of Person)

LORENZO OLAN THOMPSON CPA, PA
(Name of Firm/Company)

4401 Ribblesdale Lane
(Address)

ORLANDO FL 32808
(City/State and Zip Code)

For further information concerning this matter, please call:

LORENZO THOMPSON at (407) 298-7830
(Name of Person) (Area/Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LORENZO D. THOMPSON, hereby resign as TREASURER ^{FINANCE} ~~DIRECTOR~~
(Title)

of ACADEMIE CHRETIENNE HAITIENNE & ORLANDO, INC.
(Name of Corporation)

No 300008644, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA, USA.



(Signature of resigning officer/director)

FILED
05 MAY 23 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

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

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