

ND400006059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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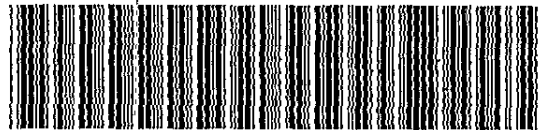
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Academy of Dreams, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: ND4000006059

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

Please return all correspondence concerning this matter to the following:

Angela DARIEN  
(Name of Person)

13003A Thomasville Circle  
(Name of Firm/Company)  
(Address)

Tampa, FL 33617  
(City/State and Zip Code)

For further information concerning this matter, please call:

Angela DARIEN at (813) 985-1146  
(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**

**FILED**

04 AUG 16 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Angela Starien, hereby resign as President  
(Title)

of Academy of Dreams, Inc.  
(Name of Corporation)

ND4000006059, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

Angela Starien  
(Signature of resigning officer/director)

**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

August 12, 2004

Letter of Resignation

I, Angela Darien, do hereby resign as President of Academy of Dreams, Inc., upon this date of August 5, 2004. Enclosed is my check of \$35.00 and copies of the filing papers to remove my name from this organization.

Thank you.  
Angela Darien

*Angela Darien*  
*8/5/04*