SECRETARY OF STATE DIVISION OF CORPORATIONS

2005 AUG -5 AM 9:27

(Requestor's Name)	
(Address)	100058140
(Address)	1000001-10
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	08/05/0501017-
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



0241

-016 \*\*35.00°

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: DiAbetes Research Initiative, Inc.		
DOCUMENT NUMBER: NO 500 000 1564		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Peter D. BOND (Name of Person)		
(Name of Firm/Company)		
20 LAUREL COVE (Address)		
Greensboro, NC 27455-2495 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Peter D. BOND at (336) 545-9968  (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399		

DIVISION OF CORPO

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Peter D. BOND hereb	y resign as DiRector
	(Title)
of DiAbetes Research Ini (Name of Corporation)	tiative, INC.
N	rganized under the laws of the State of
FLORIDA	
	,
X Nuth.Bu	W
(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