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| (Requestor's Name) | |
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| (Address) | |
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| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
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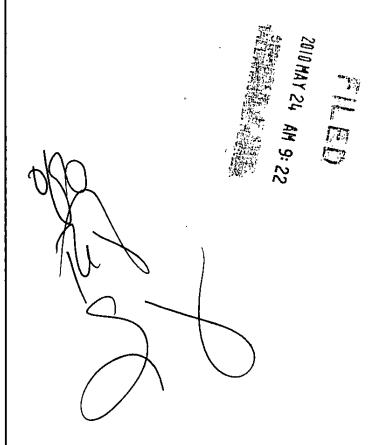
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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: AirWolf Malaria Vector Control Research Institute Inc (Name of Corporation) |
| DOCUMENT NUMBER: NO 700000 7953 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Nicole Williams (Name of Person) |
| AirWolf Malaria Vector Control Research Institute (Name of Firm/Company) |
| 36880 Washington Loop Rd. |
| Punta Gorda FZ 33982 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Nicole Williams at (94) 916-8101 (Area Code & Daytime Telephone Number) |

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Terry L. Howe , hereby resign as <u>Director</u> | Title) |
|--|-------------------|
| of AirWolf Malaria Vector Control Research Insti | tale Inc |
| NO70000 1953 , a corporation organized under the laws of the (Document Number, if known) | ne State of |
| Florida. | |
| (Signature of resigning officer/director) | 2010 MAY 24 AM 9: |
| 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