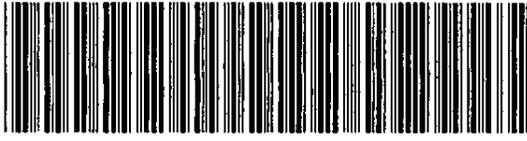


NO8000000 5865



400135104134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

8/15/08  
005  
12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CONSERVATIVE REPUBLIC ALLIANCE FOUNDATION INC  
(Name of Corporation)

**DOCUMENT NUMBER:** N08000005865

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

Please return all correspondence concerning this matter to the following:

APRIL PEACH CONDRON  
(Name of Person)

CAPE COD MGMT SVC INC  
(Name of Firm/Company)

314 NE 27TH STREET  
(Address)

WILTON MANORS FL 33334-2020  
(City/State and Zip Code)

For further information concerning this matter, please call:

APRIL PEACH CONDRON at ( 954 ) 630-8300  
(Name of Person) (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

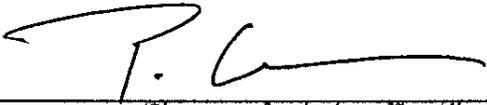
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, PATRICK CASTRONOVO, hereby resign as DIRECTOR  
(Title)

of CONSERVATIVE REPUBLIC ALLIANCE FOUNDATION INC.  
(Name of Corporation)

N08000005865, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

 8/29/08  
(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

**FILED**  
**08 SEP - 2 PM 1:36**  
**STATE DEPARTMENT OF STATE**  
**TALLAHASSEE FLORIDA**