N97000007139

| (R | equestor's Name) | |
|---|---------------------|-------------|
| (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phone | ⇒ #) |
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Officer Resign Crin Murphy 12/5/07

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: South Florida Academy of Learning, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: N 9700007139 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Maryanne Maisano (Name of Person) |
| (Name of Firm/Company) |
| 9841 Arbor Onks Lane, Apt. 204 (Address) |
| Boca Raton, FL. 33428 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Mary Anne Maisano at (954) 856-0954 (Name of Person) at (4754) 856-0954 |
| 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, MALYANNE MAISANO, hereby resign as President | Title) |
|---|-------------------------------|
| of South Florida Academy of Learns | ing. Inc. |
| N9700007139 , a corporation organized under the laws of the (Document Number, if known) | e State of |
| Florida | |
| * | |
| (Signature of resigning officer/director) | O7 DEC SECRET |
| | -5 PH |
| FILING FEE IS \$35.00 | D 4: 09 STATL LORID, |

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

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