P01000001633

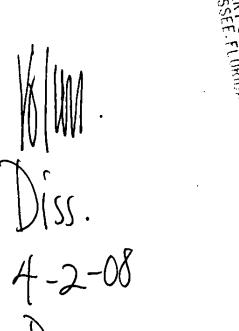
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DISOLUTION OF COR	RPORATION
DOCUMENT NUMBER: P0100000	1633
The enclosed Articles of Dissolution and for	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
ULLI STEINER-MASSEY	
TAX PROFESSIONALS INC.	Contact Person)
(Firm	n/Company)
PO BOX 760	
(Ad	ddress)
GENEVA, AL. 36340	
(City/Stat	te and Zip Code)
For further information concerning this mat	ter, please call:
ULLI STEINER-MASSEY (Name of Contact Person)	at (334) 684-6398 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	,
	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

7007 0220 0801 2756 1310

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	SOUTH WALTON REPAIRS, INC.
SECOND:	The document number of the corporation (if known): P01000001633
THIRD:	The date dissolution was authorized: MARCH 21, 2008
	Effective date of dissolution <u>if applicable</u> : MARCH 21, 2008 (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
,	(voting group)
	(voting group) FOF STATE OPINITE
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	THOMAS GARRETT
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Filing Fee: \$35