

PO1000004783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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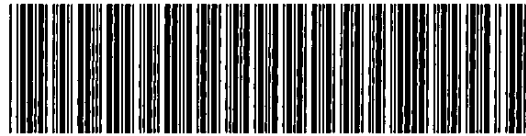
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Access Insurance Planners, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO1000004783

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

Please return all correspondence concerning this matter to the following:

Ronald B. Wardell
(Name of Person)

Access Insurance Planners, Inc
(Name of Firm/Company)

2850 N. Andrews Ave
(Address)

Port Land, FL 33311
(City/State and Zip Code)

For further information concerning this matter, please call:

Phillip Wardell at (954) 565-4666
(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

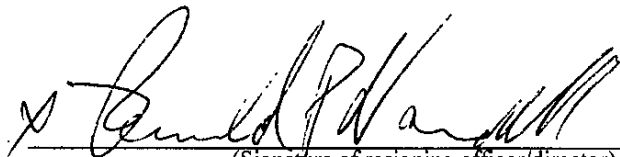
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2007 SEP 12 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Ronald P. Wardell, hereby resign as Director
(Title)

of Access Insurance Planners, Inc.
(Name of Corporation)

PO1000004783, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(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