## P01000053117

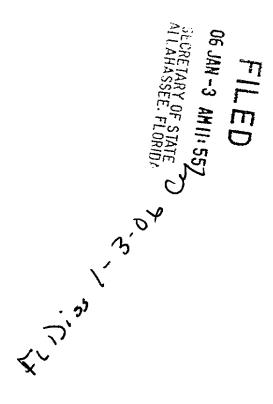
(Req	luestor's Name)		
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## COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: TROPHUE Imaginy, Inc.
DOCUMENT NUMBER: PO1000053117
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kenneth Deckler (Name of Contact Person)
TRopauer Imaging, Inc. (Firm/Company)
19410 40 Court (Address)
Sunry Isles Beach, FL 33160
(City/State and Zip Code)
For further information concerning this matter, please call:
Kenneth Decklor at (305) 933 4130
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)  \$\bigcup \\$35 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## 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	of State:	
	Tropuver Imaging, Incorporated		
SECOND:	The document number of the corporation (if known): Poloodo 53	117	<del></del> ;
THIRD:	The date dissolution was authorized: 12/3/04		
	Effective date of dissolution if applicable: 12/31/04  (no more than 90 days after dissolution	i file date)	<del></del>
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for disse	olution
	Dissolution was approved by of the shareholders through voting groups	<u> </u>	, <b>1</b>
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	mittle &	· [
	The number of votes cast for dissolution was sufficient for approval by	TARY OF STATE	
	(voting group)	PATE ATE	n n
	Signature: / lenned Deslan		
	(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)		
	(Typed or printed name of person signing)		
	(Typed or printed name of person signing)  President		
	(Title of person signing)		

Filing Fee: \$35