P01000094139

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Articles of Dissolution for Ka	athy O'Neal Speaks, Enc.
DOCUMENT NUMBER: PO1000094 139	
The enclosed Articles of Dissolution and fee are submitte	d for filing.
Please return all correspondence concerning this matter to	the following:
Kathleen L. O'Neal (Name of Contact Person	
(Name of Contact Person)
(Firm/Company)	
760 Ventura Drive (Address)	
(Address)	
Satellite Beach, FL 32937 (City/State and Zip Code	e)
For further information concerning this matter, please call:	:
Kathleen O'Neal at (32 (Name of Contact Person) (Are	ea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigs\\$43.75 Filing Fee & \$\bigs\\$43.75 Filing Fee & Certificate of Status Certified Co (Additional centions enclosed)	py Certificate of Status &
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

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:		
	Kathy O'Neal Speaks, Inc.		
SECOND:	The document number of the corporation (if known): P01000094139		
THIRD:	The date dissolution was authorized: 12/31/08		
	Effective date of dissolution if applicable: 12/31/08 (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 FLORITE STATE STATE THE DESCRIPTION OF THE PROPERTY OF THE PROPERT		
	(voting group)		
	Signature: Kathleen L. O'Neal		
	(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)		
	Kathleen L. O'Weal		
	(Typed or printed name of person signing)		
	(Title of person signing)		
	(Title of person signing)		

Filing Fee: \$35