

PO1000116813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

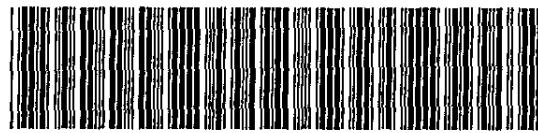
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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2006 MAY -4 AM 8:07

obj. Resign
C. Couillotte MAY 11 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TEAM CAMP U.S.A., INC.
(Name of Corporation)

DOCUMENT NUMBER: PO1000116813

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

Please return all correspondence concerning this matter to the following:

KAY B. PONS

(Name of Person)

TEAM CAMP U.S.A., INC.

(Name of Firm/Company)

3791 LOMA FARM ROAD

(Address)

TALLAHASSEE, FL 32309

(City/State and Zip Code)

For further information concerning this matter, please call:

MAX T. CLARK, CPA

(Name of Person)

at (850) 627-5815

(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:

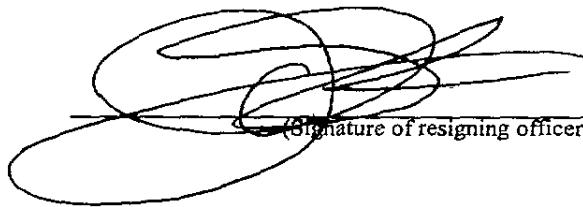
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JOHN O. PONS, JR., hereby resign as DIRECTOR
(Title)

of TEAM CAMP U.S.A., INC.,
(Name of Corporation)

P01000116813, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.



(Signature of resigning officer/director)

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FLORIDA
TALLAHASSEE, FLORIDA
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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