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VP

T. Roberts MAY 022006

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: A NEW DAWN DESIGN INC.
DOCUMENT NUMBER: POZOOO11469Z
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BAWN WROBLESKI (Name of Contact Person)
(Firm/Company)
1.170 77md AUE N/1/
6170 ZZME AVE, N.W. (Address)
NAPLES FLORIDA 34119
(City/State and Zip Code)
For further information concerning this matter, please call:
PRWN WROBLESKI at (239) 597-7274 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee
MAILING ADDRESS: STREET ADDRESS:

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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:
	A NEW BAWN BESTEN, INC.
SECOND:	The document number of the corporation (if known): PO2000114692
THIRD:	The date dissolution was authorized: 12-31-05
	Effective date of dissolution if applicable: 12-31-05 (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 of 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
Si	(voting group) (gnature: (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) ARWN WROBUSKT
	(Typed or printed name of person signing)
_	OWNER (Title of person signing) (Title of person signing)

Filing Fee: \$35