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SECRETARY OF STATE
TALLAHASSEF FI OBITA

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COVER LETTER

TO: Amendment Section

Tallahassee, Florida 32314

Division of Corporations					
SUBJECT: Dissolution of a Florida Profit Corporation					
DOCUMENT NUMBER: P02000119629					
The enclosed Articles of Dissolution and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Tacqueline A- Axeltod (Name of Person)					
J.C. Professional Installations, Inc.					
(Name of Firm/Company) 10337 Marco Polo Drive					
(Address)					
Orlando, Florida 32821					
(City/State/and Zip Code)					
For further information concerning this matter, please call:					
Jacqueline A. Axelrod at (407) 234-0996 (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & \sum \\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)					
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations Division of Corporations 409 E. Gaines Street					

Tallahassee, Florida 32399

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 c	orporation as currently filed with	n the Florida Departn	nent of State:		
	J.C	Professional Installat	tions, Inc.			
SECOND:	The document number of the corporation (if known): P02000119629					
THIRD:	The date dissolution was authorized: 05/30/2005					
	Effective date of o	lissolution <u>if applicable: 05/30</u>	/2005 more than 90 days after diss	colution file date)		
FOURTH:	Adoption of Disso	olution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.					
	Dissolution wa	as approved by of the shareholde	rs through voting gro	oups.		
	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					
		(voting group)				
	Signed this 12th	_{day of} July	, 2005	CRE T		
			0	ARY OF ASSEEF		
		president or other officer - if directors or of - if in the hands of a receiver, trustee, or of				
		Jacqueline A. Axelro	od			
		(Typed or printed name of person signing)				
		President				
		(Title of person signing)				

Filing Fee: \$35