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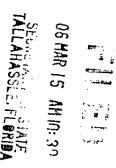
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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My Canadian Medications, Inc. 12551 Lake Ridge Circle Clermont, FL 34711

February 28, 2006

Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

To Whom It May Concern:

SUBJECT: DISOLUTION OF MY CANADIAN MEDICATIONS, INC.

DOCUMENT NUMBER: P03000027705

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sally Williams

1255 ELake Ridge Circle

Chermont, FL 34711

For fun.
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035tatus. For further information concerning this matter, please call Sally Williams at 352-394-0392. Enclosed is a check for the following amount \$43.75 for filing fee and Certificate

Sally A. Williams Sally Williams

Kendra Stamp



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2006

Sally Williams My Canadian Medications, Inc. 12551 Lake Ridge Circle Clermont, FL 34711

SUBJECT: MY CANADIAN MEDICATIONS, INC.

Ref. Number: P03000027705

We have received your document for MY CANADIAN MEDICATIONS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$43.75.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 106A00015397

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:	
	My Canapian Medications Inc.	
SECOND:	The document number of the corporation (if known): PO 3000 2 TOS	_
THIRD:	The date dissolution was authorized: 2-28-06	
	Effective date of dissolution if applicable: 2-28-06 (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.	or
	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	
	¥s of the second secon	
	(voting group)	i K
		·-FAI
	Signature: Sally A. Williams	### ###
S	(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)	
_	Sally Williams (Typed or printed name of person signing)	
_	V. Pres Sec.	
	(Title of person signing)	

Filing Fee: \$35