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SECRETARY OF STATE OIVISION OF CORPORATIONS

AHD135/013 (1a 1/14/09

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dissolition of Design Dreams, Inc.
DOCUMENT NUMBER: <u>P030000 36362</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Janet Fell's (Name of Contact Person)
Design Dreams Inc. (Firm/Company)
32.73 Sesame SICEET (Address)
North Port F4. 34287 (City/State and Zip Code)
For further information concerning this matter, please call:
Janei Felß at (941) 257-8843 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\times \\$43.75 Filing Fee & \$\times \\$43.75 Filing Fee & \$\times \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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 St	ate:	
	Design Dreams, Inc.		
SECOND:	The document number of the corporation (if known): Possocooses 63 62		
THIRD:	The file date of the articles of incorporation: $4/1/2003$		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	None of the corporation's shares have been issued.		
	The corporation has not commenced business.		
FIFTH:	No debt of the corporation remains unpaid.		
	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	1	
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.	2	SEI
	A majority of the directors authorized the dissolution.	三里山	CRETARY
Signa	(By a director, president or other officer - if flirectors or officers have not been selected, by an incorpor in the hands of a receiver, trustee, or other object appointed fiduciary, by that fiduciary.)	PA IN -1 PM 1: 03 if	OF STATE RPORATIONS
	(Typed or printed name of person signing)		
	President (Title of Person Signing)		

Filing Fee: \$35