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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: EXPY	(Name of Corporation)	Issociate, INC.
DOCUMENT NUMBER:	103000652880	
The enclosed Officer/Director R	esignation for a Corporation and fee are subm	itted for filing.
Please returnall correspondence	concerning this matter to the following:	
HARINE (Name of)	Person)  Person)	•
(Name of Firm	SS title & ASSOCIA	te, puc.
M Am (City/State and	17 33015 1Zip Code)	
For further information concerns	ing this matter, please call:	
(Name of Person)	WIMP at (385) 969—(Area Code & Daytime Teleph	
Enclosed is a check for \$35.00 n	nade payable to the Florida Department of Stat	te. Effective DATE 7/1/06
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	Landz

OFFICER / DIRECTOR RESIGNATION AND FOR A CORPORATION

I, A lix Montes, F.g., hereby resign as Vic. e (Title)

Of Express He Associate, Due

(Name of Corporation)

P 3 3 5 5 2 8 8 0, a corporation organized under the laws of the State of

(Document Number, if known)

Alise Signature of resigning officer/director) 7/1/06

## 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