P03000055713

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SECRETARY OF STATE



T. Smith MAY 0 4 2005

COVER LETTER

Division of Corporations
SUBJECT: Dissolution of Corporation
DOCUMENT NUMBER: P03000055713
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William H. St.Clair
(Name of Person)
Copper Memories of Florida Inc
(Name of Firm/Company)
PO Box 90305
(Address)
Lakeland, FI 33804-0305
(City/State/and Zip Code)
For further information concerning this matter, please call:
Bill St.Clair at (863) 688-8600
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \(\subseteq \\$43.75 \) Filing Fee & \(\subseteq \\$43.75 \) Filing Fee & \(\subseteq \\$52.50 \) Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines Street

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:		rporation as currently filed with mories of Florida, In-		of State:		
SECOND:	D02000055712					
THIRD:	The date dissolution was authorized: April 25th, 2005					
		ssolution if applicable: April		on file date)		
FOURTH:	Adoption of Dissol	ution (CHECK ONE)				
	Dissolution was sufficient if	s approved by the shareholders for approval.	. The number of votes cas	st for dissolution	1	
	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 vote	es cast for dissolution was suffic	cient for approval by			
		(voting group)			.,	
	Signed this 25th	day of April	2005			
				05 AF		
		oresident or other officer - if directors or or if in the hands of a receiver, trustee, or or		APR 27 PH 2: 08 CRETARY OF STATE AHASSEF OF ORDITAL		
	William H. S	t. Clair	į	908 80		
		Typed or printed name of person signing)			
	Secretary					
		(Title of person signing)		•		

Filing Fee: \$35