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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: ARTICLE OF DISSOUT	ION REQUEST
DOCUMENT NUMBER: PO 30000639	883
The enclosed Articles of Dissolution and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
MIGUEL RODRIGUE (Name of Person))
CELESTIAL LIVING, INC	
(Name of Firm/Compa	any)
9800 W.BAY HARBOR DR (Address)	· #212
BAY HARBUR ISLANDS, FL (City/State/and Zip C	-33154
For further information concerning this matter, please c	ail:
MIGHEL POPPIGHES at (3) (Name of Person)	05) 527-5082. Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certificate of Status Cadditional enclosed	Copy Certificate of Status & Certified Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	STREET ADDRESS: Amendment Section 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 corporation as currently filed with the Florida Department of Sta		
	CELESTIAL LIVING, INC.	6	
SECOND:		、スプ	
THIRD:	The date dissolution was authorized: 4-28-05	2	
	Effective date of dissolution if applicable: 4-29-05 (no more than 90 days after dissolution file date)	2	
FOURTH:	: Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	מכ	
	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		
	(voting group)		
	Signed this 28 day of APRIL , 2005.		
	Signature: (By a director president or other officer in 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)		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

Filing Fee: \$35