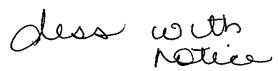
P03000094482

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600068621006



03/27/06--01007--027 ***5,00

FILEU

OF HAR 27 PH 1: 15

SEGRETARY OF STATE
ANIASSEE, FLORIDA

14/4/06

1

Members
American Institute of CPA's
Pennsylvania Institute of CPA's
* Florida Institute of CPA's



Ronald W. St. Clair, CPA* William J. Maczees, Jr., CPA William E. Kirwan, Esq., CPA 300 One Norwegian Plaza
Pottsville, PA 17901
Email: cpa01@stclaircpas.com
www.stclaircpas.com

Toni L. Marx, CPA Karen A. Ferenchick, CPA

March 21, 2006

FLORIDA DEPT OF STATE AMENDMENT SECTION DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE FL 32314

Re: FinTran Processing Partners, Inc. P03000094482

Dear Sir/Madam:

Enclosed you will find the Cover Letter, Articles of Dissolution, Notice of Corporate Dissolution, and check made payable to the Florida Dept of State in the sum of \$35.00 for the dissolution of FinTran Processing Partners, Inc.

Very truly yours,

Karen A. Ferenchick, CPA

KAF:mlp Enclosures: 4

Voice: 570-622-2464 570-874-3228 570-462-9343 570-386-5040

Fax: 570-622-3082

610-866-6712

COVER LETTER

TO: Amendment Section		
Division of Corporations		
SUBJECT: FINTRAN PROCESSING	PARTNERS, INC.	
DOCUMENT NUMBER: P030000944	82	
The enclosed Articles of Dissolution and fee	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
KAREN A. FERENCHICK, CPA		
(Name of C	ontact Person)	
ST. CLAIR & ASSOCIATES, P.C.		
(Firm	(Company)	
ONE NORWEGIAN PLAZA STE 3	300	
(Ad	dress)	
POTTSVILLE PA 17901		
(City/State	and Zip Code)	
For further information concerning this matter	er, please call:	
KAREN A. FERENCHICK, CPA (Name of Contact Person)	at (570) 622-2464 EX 122 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amoun	t:	
	\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF DISSOLUTION

Pursuant to articles of d	section 607.1401, Florida Statutes, this Florida profit corporation submits the following issolution:
FIRST:	The name of the corporation as currently filed with the Florida Department of
	FINTRAN PROCESSING PARTNERS, INC.
SECOND:	The document number of the corporation (if known): P03000094482
THIRD:	The file date the articles of incorporation: 8-28-03
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.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Q'.	1 and 1 dellars
Sign	ature: (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.)
	SCOTT G. WILLIAMS (Typed or printed name of person signing)
	PRESIDENT
	(Title of Person Signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: FINTRAN PROCESSING PARTNERS, INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
16970 SAN CARLOS BLVD UNIT C
PMB 221
FT MYERS FL 33908
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Signature of the Person Filing

SCOTT G. WILLIAMS, PRESIDENT

Printed Name of the Person Filing