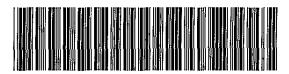
P04000003580

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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C. Coulliste MAY 1 9 2005

COVER LETTER

TO:	Amendment Section			
	Division of Corporations			
SUBJE	ECT: DISSOLUTION OF CORPORA	TION		
DOCU	MENT NUMBER: <u>P0400003580</u>			
The en	closed Articles of Dissolution and fee are submitte	ed for filing.		
Please	return all correspondence concerning this matter to	the following:		
·	ADDO I AMBEDE			
EDG.	ARDO LAMBERT (Name of Person)			
	(Name of Person)			
INTEGRAL INSURANCE GROUP, INC				
	(Name of Firm/Company)		
<u>P.O F</u>	BOX 2495			
	(Address)			
<u>IMM</u>	OKALEE, FL 34143			
	(City/State/and Zip Cod	(e)		
For fur	ther information concerning this matter, please call	:		
EDG.	ARDO LAMBERT at (305			
,	(Name of Person) (Are	ea Code & Daytime Telephone Number)		
Enclose	ed is a check for the following amount:			
\$35	Filing Fee X\$43.75 Filing Fee & S43.75 Filing Fee Certificate of Status Certified Co (Additional cenclosed)	Certificate of Status &		
	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 607.1401, 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	of State:		
	INTEGRAL INSURANCE GROUP, INC	_		
SECOND:	The document number of the corporation (if known): P0400003580	-		
THIRD:	HIRD: The file date the articles of incorporation: 01/05/2004			
FOURTH	OURTH: (CHECK AT LEAST ONE BOX)			
	X None of the corporation's shares have been issued.	= =		
	The corporation has not commenced business.			
FIFTH:	No debt of the corporation remains unpaid.	24 St.		
SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.				
SEVENTE	H: Adoption of Dissolution (CHECK ONE)			
	A majority of the incorporators authorized the dissolution.			
	X A majority of the directors authorized the dissolution.			
	Signed this 12 day of MAY 2005			
Sig	gnature: Jacufar			
	(By a director, president or other officer - if directors or officers have not been selected, by an inc in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	orporator - if		
	EDGARDO LAMBERT (Typed or printed name of person signing)			
	CEO (Title of person signing)			

Filing Fee: \$35