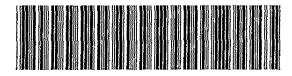
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Certified Copies	_ Certificates	of Status
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C. Couiliette MAY 0 4 2005

COVER LETTER

SUBJECT: DISSOLUTION OF CORPORATION DOCUMENT NUMBER: PO 40000 4255 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STEVE BIRCH (Name of Person) BIRCH CABINETS INC (Name of Firm/Company) 1375 (Address) SANTA ROSA BCL, FL 32459 (Eity/State/and Zip Code) For further information concerning this matter, please call: 3TEVE CIRCH (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: 1835 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) MAILING ADDRESS: Amendment Section Division of Corporations STREET ADDRESS: Amendment Section Division of Corporations	TO: Amendment Section Division of Corporations
The enclosed Articles of Dissolution and fee are submitted for filling. Please return all correspondence concerning this matter to the following: SVEVE BIRCH (Name of Person) BIRCH CABINERS INC (Name of Firm/Company) (P\$ST OFFICE BOX 1373 (Address) SANTA ROSA BCL FL 32459 (City/State/and Zip Code) For further information concerning this matter, please call: STEVE CIRCH (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) MAILING ADDRESS: Amendment Section Division of Corporations	SUBJECT: DISSOLUTION OF CORPORATION
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(Name of Person) BIRCH CABINESS INC (Name of Firm/Company) FROM BOL FL 32459 (Eity/State/and Zip Code) For further information concerning this matter, please call: STEVE CHRCH	The enclosed Articles of Dissolution and fee are submitted for filing.
SIRCH CABINESS INC (Name of Firm/Company) Company	Please return all correspondence concerning this matter to the following:
SIRCH CABINESS INC (Name of Firm/Company) Company	SVEVE BIRCH
(Name of Firm/Company) Company Company	
(Name of Firm/Company) (Address) SANTA ROSA BCL FL 32.459 (City/State/and Zip Code) For further information concerning this matter, please call: 3TEVE CIRCH (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (Additional copy is Certificate of Status & Certified Copy (Additional copy is enclosed)	BIRCA CABINETS INC
SANTA ROSA BCL, FL 32459 (City/State/and Zip Code) For further information concerning this matter, please call: STEVE CIRCH	
SANTA ROSA BCL, FL 32459 (City/State/and Zip Code) For further information concerning this matter, please call: STEVE CIRCH	PAST OFFICE GOX 1373
For further information concerning this matter, please call: STEVE CIRCLE* at (950) 259 - 2600 (Name of Person)	
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STEVE CIRCLE at (950) 259 - 2600	(City/State/and Zip Code)
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$\sqrt{3.75} \text{ Filing Fee } \sqrt{\$\sqrt{3.75} \text{ Filing Fee } \sqrt{\$\sqrt{52.50} \text{ Filing Fee,}} Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) MAILING ADDRESS: Amendment Section	For further information concerning this matter, please call:
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\$35 Filing Fee \$\bigsquare{1}\$43.75 Filing Fee & \$\bigsquare{1}\$	(Name of Person) (Area Code & Daytime Telephone Number)
Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) MAILING ADDRESS: Amendment Section Amendment Section Division of Corporations Certified Copy Certificate of Status & (Additional copy is enclosed) STREET ADDRESS: Amendment Section Division of Corporations	Enclosed is a check for the following amount:
Amendment Section Amendment Section Division of Corporations Division of Corporations	Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is
Division of Corporations Division of Corporations	
D C Day 6277	
P.O. Box 6327 409 E. Gaines Street Tallahassee, Florida 32314 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 State: BIRCH CABINETS INC			
SECOND:	The document number of the corporation (if known): PD 40000 14755			
THIRD:	The date dissolution was authorized: 4-15-05			
	Effective date of dissolution if applicable: 15-05 (no more than 90 days after dissolution file date)			
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.			
	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 APR 26 APR 26 APR 27			
	(voting group)			
	Signed this day of 7			
	Signature: (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)			
	STEUE BIRCH			
(Typed or printed name of person signing)				
	PRESIDENT			
(Title of person signing)				

Filing Fee: \$35