P0400004131D

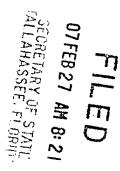
| 4 |
|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |





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02/27/07--01034--006 **35.00



COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Mem-Cards Corporation - (Resignation) (Name of Corporation) DOCUMENT NUMBER: P04000413 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| (Name of Person) |
| Mem-CArds Corporation (Name of Firm/Company) |
| (Name of Firm/Company) |
| 860 US HWY ONE, # 210 |
| (Address) |
| North Palm Beach, FC 33408 (City/State and Zip Code) |
| (City/State and Lip Code) |
| For further information concerning this matter, please call: |
| Michael Altshuler at (56) 776 0341 (Name of Person) (Area Code & Daytime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. |

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Aaron Jay Ripin, hereby resign as Executive Vice (Title) | President |
|---|-----------|
| of Mem-Cards Corporation | |
| (Name of Corporation) POHOBOUTIS (Ocument Number, if known) (Document Number, if known) | |
| Florida. | |
| A SE SE S | 186 |
| OTFEB 27 SECRETARY VILLAHASSE | |
| (Signature of resigning officer director) | , |
| | |

Amendment Section Division of Corporations P.O. Box 6327

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Tallahassee, Florida 32314