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SECRETARY OF STATE
AND A SSEE FLORIDA

T. Smith MAY 0 8 2006,

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COVER LETTER
TO: Amendment Section Division of Corporations
SUBJECT: ARTICLE OF DISSOLUTION
DOCUMENT NUMBER: P0400052788
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melissa Robinson (Name of Confact Person)
93 Neponst Street
Stamport (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (203 ) 569-9783 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\infty\$\$\frac{1}{3}.75 Filing Fee & \infty\$\$\frac{1}{3}.75 Filing Fee & \infty\$1
enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations  STREET ADDRESS: Amendment Section Division of Corporations
P.O. Box 6327  Tallahassee, FL 32314  Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 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 State:
	Natural Solutions for health, inc
SECOND:	The document number of the corporation (if known): P0400052788
THIRD:	The file date the articles of incorporation: 3/22/64
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.
<b>S</b> EVENTH	: Adoption of Dissolution (CHECK ONE)
•	A majority of the incorporators authorized the dissolution
	A majority of the directors authorized the dissolution.
Sign	nature:
,	(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.)
	Melissa Robinson
	(Typed or printed name of person signing)
	ND
	(Fitle of Person Stening)

Filing Fee: \$35