Po400068251 2005 AUG-5 PM 22.

| (Re | equestor's Name) | |
|-------------------------|--------------------|------|
| (Ac | idress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bi | usiness Entity Nar | me) |
| (DX | ocument Number) | |
| Certified Copies | | |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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TRANSMITTAL LETTER

| Division of Corporations |
|--|
| SUBJECT: HI-TECH ACCURATE BILLING SERVICE IN (Name of Corporation) DOCUMENT NUMBER: PO4000000000000000000000000000000000000 |
| 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) |
| HI-TECHACULORE BILLINGSONICE INC. |
| 3740 NWZIST Street |
| LOUDON JULIANOS, PL 33311 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Daniele La Code & Daytime Telephone Number) |
| (Thea Code of Daythie Telephone Miniot) |

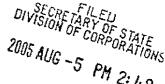
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



| | PM 2: |
|---|-----------------|
| I, hereby resign as 0 | (Title) |
| of Hi-Tech Accupate Billing | Sorvial |
| Document Number, if known) a corporation organized under the laws of the corporation organized under | of the State of |
| 2 lobida . | |
| | |
| (Signatur) of resigning officer/director | |

FILING FEE IS \$35.00

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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314