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officer Resignation

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CAMERAS SOLUTIONS, INC. (Name of Corporation) DOCUMENT NUMBER: PO400128734
DOCUMENT NUMBER: $I \Psi \Psi \Psi \Psi \Psi I Z Y + 3 \Upsilon$
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
PETER WALL (Name of Person)
(Name of Person) CAMERAS SOLUTIONS, INC. (Name of Firm/Company)
1855 PLUNKETT ST. #302 (Address)
HOLLYWOOD / FL 33000 (City/State and Zip Code)
For further information concerning this matter, please call:
PETER WALL at (954) 600 - 7492 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, SCOTT GARLAND, hereby resign as RESIDENT (Title)	
of CAMERAS SOLUTIONS /NC. (Name of Corporation)	,
PO + PO 128 73+ (Document Number, if known) A corporation organized under the laws of the State	ate of
	95 FAI
(Signature of resigning officer/director)	FILED 05 MAR 14 PM 2: 05 SEURE FREST OF STATE FALLAHASSEE, FLORID
(Signature of resigning officer/director)	N 2: 05

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