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COVER LETTER

Division of Corporations
SUBJECT: X changeagen + Inc. (Name of Corporation) DOCUMENT NUMBER: P04000152159
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Frank Sharpe (Name of Person)
(Name of Firm/Company)
3986 Tarian Ct. (Address).
(Address)
Palm Harbor, Fl. 34684 (City/State and Zip Code)
For further information concerning this matter, please call:
Frank Sharpe at (727) 460-0495 (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:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Frank Sharpe	, hereby resign as Board Member (Title)	Director
of Xchangeagent	Inc. of Corporation)	,
P0400152159 (Document Number, if known)	_, a corporation organized under the laws of the State o	f
Florida	_ '	
Tues (8	ignature of resigning officer/director)	SEGRE TABY TALLAHASSE
		OF STAT

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