

P05000004223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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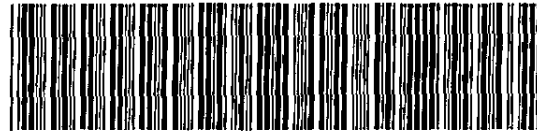
(Business Entity Name)

(Document Number)

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05 OCT -3 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

officer Resignation

T BROWN OCT 12 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Access Vision INC
(Name of Corporation)

DOCUMENT NUMBER: PD 500 000 4223

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Caretisa L Cash
(Name of Person)

Access Vision INC
(Name of Firm/Company)

165 N. County Road Suite B-1
(Address)

West Palm Beach FL 33413
(City/State and Zip Code)

For further information concerning this matter, please call:

Caretisa Cash at (561) 242-4874
(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
P.O. Box 6327
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**


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05 OCT -3 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Reynaldo A Arnold, hereby resign as President
(Title)

of Access Vision INC
(Name of Corporation)

PO 500 000 4223, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature 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