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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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COVER LETTER

TO: Amendment Section Division of Corporations	•
SUBJECT: David's Home Repair Co	orp
DOCUMENT NUMBER: P050000773	29
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
Kenneth David Stump	
(Name of Contact Person)	
David's Home Repair Corp	
(Firm/Company)	
733 St. Thomas Cove.	
(Addr	ress)
Niceville, FL 32578	
(City/State a	and Zip Code)
For further information concerning this matter	, please call:
Mari Suzanne Oliver, CPA	at (850) 217-6100
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee, Certified Copy Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:	
FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	David's Home Repair Corp	
SECOND:	The document number of the corporation (if known): P05000077329	
THIRD:	The date dissolution was authorized: 04/30/2008	
	Effective date of dissolution <u>if applicable:</u> 05/31/2008 (no more than 90 days after dissolution file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:	
	The number of votes cast for dissolution was sufficient for approval by	
	(voting group)	
	AM 8: OF STATE OF RIGHT	
	Signature: (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)	
	Kenneth David Stump	
	(Typed or printed name of person signing)	
	President	
•	(Title of person signing)	

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.
This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation: David's Home Repair Corp
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Complete description of both original source/invoice of claim as well as terms
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
733 St. Thomas Cove.
Niceville, FL 32578
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
Kannath David Sturm
Kenneth David Stump Printed Name of the Person Filing Signature of the Person Filing