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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: CANDY GONE WILD INC |
| DOCUMENT NUMBER: POS 0 000 90 74 3 |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| VICKI WAGNER |
| (Name of Contact Person) |
| CANDY GONE WILD INC (Firm/Company) |
| |
| 5889 S WILLIAMSON BLUD STE 1403 |
| (Address) |
| PORT ORANGE FL 32128 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| VICKI WAG NER at (386) 756-4430 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$\begin{align*} \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$ |
| 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 section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST: | The name of the corporation as currently filed with the Florida Department of State: |
|---------|--|
| | CANDY GONE WILD INC |
| SECOND: | The document number of the corporation (if known): P050000 90743 |
| THIRD: | The date dissolution was authorized: 12-31-05 |
| | Effective date of dissolution if applicable: 12-31-05 (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 dissoluti was sufficient for approval. |
| | Dissolution was approved by of 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) |
| | ((sample sap) |
| | Signature: Your L. Wagner (By a director, president or other officer - if directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) |
| | (Typed or printed name of person signing) |
| | (Typed or printed name of person signing) |
| | PRSIDENT (Title of person signing) |
| | (Title of person signing) |

Filing Fee: \$35