P05000109141

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | ısiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

FILED

155.
C. Coutliette SEP 0 5 2007

RE: Dissolution of corporation

A Trade Whiz, Inc., 8317 Pine voide lane

Jacksonville FL 32244

This is the second attempt to dissolve the corporation. It was not been generating any revenue since we filed our last sales Tax return with you last year. The company lay dormant, with so income of any kind.

Please DISSOLVE, and send confirmation.

Sincerely

.

Carriela Mi

Daniela Galsti - President A Trade Whiz, bx, FLA

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| SUBJECT: Dissolution of Corporation | | | | |
| DOCUMENT NUMBER: Pos ODDIO 9141 | | | | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Daniela Galsti (Name of Contact Person) | | | | |
| | | | | |
| A Tracle Whiz, Inc. (Firm/Company) | | | | |
| (Firm/Company) | | | | |
| 8317 Pine verde lane (Address) | | | | |
| (Address) | | | | |
| Jackson ville FL 32244 (City/State and Zip Code) | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| (Name of Contact Person) at (904) Sos -9233 (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a check for the following amount: | | | | |
| S35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed) | | | | |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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: | | | |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|--|
| | A Trade Winz, Inc. | | | |
| SECOND: | The document number of the corporation (if known): | | | |
| THIRD: | The date dissolution was authorized: | | | |
| | Effective date of dissolution if applicable: Jaky 2/2 (no more than 90 days after dissolution) | on file date) | | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | | |
| | Dissolution was approved by the shareholders. The number of votes can was sufficient for approval. | st for dissolution | | |
| | 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 | 07 AI SECRITALLAI | | |
| | | APP, A FIL AUG 29 CRETARY AHASSE | | |
| | (voting group) | PROVEL AND TILED 9 AMII: 0 RY OF STATI SEE, FLORIC | | |
| \$ | (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) | | | |
| | Daniela Galski | | | |
| | (Typed or printed name of person signing) | | | |
| | Poesident | | | |
| | (Title of person signing) | | | |

Filing Fee: \$35