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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SKYLINE NATIONAL INC. (Name of Corporation)
Name of Corporation) DOCUMENT NUMBER: P0600051042
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Daniela Drukic (Name of Person)
SKYLINE NATIONAL INC (Name of Firm/Company)
SDZ OSPREY CN (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Daniela Drukic at (407, 695 8766 (Name of Person) at (407, 695 8766 (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

or own KW

CR2E044(08/05)

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ZORM	U BJBLICA	, hereby resign as	VICE P	RESIDON T
of	SKYL(NG N) (Name of Corpora	A-NONA /	Ne	· · · · · · · · · · · · · · · · · · ·
(Document Num)510U2, a corp. ber, if known)	oration organized und	der the laws of	the State of
FLORIOR	<u> </u>			
	The state of the s	-		09 SEC
-	(Signature o	of resigning officer/direct	or)	FIL JUN 29 AHASŞEE
			:	FD PFSD FROR

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