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| (Re | equestor's Name) | | | |
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| (Cr | ty/State/Zip/Phon | e #) | | |
| PICK-UP | WAIT , | MAIL | | |
| (Bı | isiness Entity Nar | ne) | | |
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| (DC | ocument Number) | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | |
|-----------------------------------|---|---|----------------------------------|---|
| SUBJ | ECT: FX STRATEGY MAI | NAGEMENT, | INC. | ation) |
| DOC | UMENT NUMBER: P060 | 000072555 | or Corport | |
| The en | nclosed Officer/Director Resig | gnation for a Co | rporation | and fee are submitted for filing |
| Please | e return all correspondence cor | ncerning this ma | atter to th | e following: |
| JUD | ITH C CARLSON | | | |
| | (Name of Pers | on) | • | |
| JUD | ITH C CARLSON, CPA, PA | \ | | |
| | (Name of Firm/Co | mpany) | | |
| 1812 | 2 NW 36TH COURT | | | |
| | (Address) | | | |
| OAK | KLAND PARK, FL 33309 | | | |
| - | (City/State and Zip | Code) | | |
| For fu | rther information concerning t | this matter, plea | ise call: | |
| JUDI | TH C CARLSON | at (| 954 | 347-5408 |
| | (Name of Person) | | Area Code | 347-5408 & Daytime Telephone Number) |
| Enclo | sed is a check for \$35.00 made | e payable to the | Florida I | Department of State. |
| Amen Divisi Cliftor 2661 | de Address:dment Section on of Corporations n Building Executive Center Circle hassee, FL 32301 | Mailing Addi Amendment S Division of Co Post Office Bo Tallahassee, F | Section orporation ox 6327 | |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| , JEFFREY SCHMIDLIN | , hereby resign asDIRE | DIRECTOR | | |
|-----------------------------|---------------------------------------|--|--|--|
| *) | , notoby resign us | (Title) | | |
| of FX STRATEGY MANAGEMENT | Γ, INC. | | | |
| (Name of | Corporation) | , | | |
| P06000072555 | a corporation organized under the | e laws of the State of | | |
| (Document Number, if known) | - | | | |
| FLORIDA | | | | |
| - Alexander (Signature) | mapure of resigning officer/director) | OG AUG IL AM II: 10 SECRETARY OF STATE ALLAHASSEE, FLORIDA | | |

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