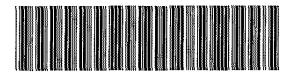
## P06000095139

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Altamonte Walls, Inc.  (Name of Corporation)  DOCUMENT NUMBER: P06000095139		
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Grover T. O'Brien (Name of Contact Person)		
Altamonte Walls, Inc.		
P.O. Box 150125  (Address)		
Longwood, FL 32715 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Tom O'Brien (Name of Contact Person)	at ( 407 399-3303 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
<b>☑</b> \$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status	
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy	
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 CORRECTION

for

Name of Corporation as currently filed with the Florida Dept	of State
P0600095139 Document Number (if known)	
Document Number (a Nown)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida these Articles of Correction within 30 days of the file date of the do	cument being corrected.
These articles of correction correct Articles of Incorporation	on,
(Document Type L	Reing Corrected)
filed with the Department of State on July 19, 2006 (File Date of Document)	
(The Date of Document)	T SE T
Specify the inaccuracy, incorrect statement, or defect:	SS 1 T
An initial officer was omitted	<u></u>
	<b>RA</b> -
	· <del>-</del>
Correct the inaccuracy, incorrect statement, or defect:  Title: VP	
Thomas T. Lucas	
616 E. Highland Street	
Altamonte Springs, FL 32701	
//	
(Signature of a director, president or other officer - if directors or	officers have
on the court appointed fiduciary, by that fiduciary.)	iver, trustee, or
Grover T. O'Brien	President
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00