

POT000000 344/8

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

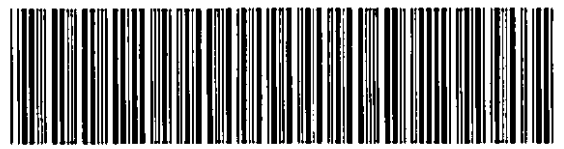
(Business Entity Name)

(Document Number)

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SECTION OF STATE
FALLMASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KIMON GROUP, INC
(Name of Corporation)

DOCUMENT NUMBER: P07000034448

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stefan Drakelid
(Name of Person)

Kimon Group, Inc
(Name of Firm/Company)

7 Florida Park Drive, N Ste H
(Address)

Palm Coast, FL 32137
(City/State and Zip Code)

For further information concerning this matter, please call:

Kjell Larsson at (386) 793 8279
(Name of Person) (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
P.O. Box 6327
Tallahassee, FL 32314

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

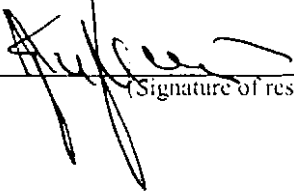
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Kjell Larsson, hereby resign as Director
(Title)

of Kimon Group, Inc
(Name of Corporation)

P07000034448, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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

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TALLAHASSEE, FLORIDA