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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Scholar Wise Finance, INC			
DOCUMENT NUMBER: P \$ 70 0 6 57 99			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
(Name of Contact Person)			
(Firm/Company) 410 S. Newport Ave (Address)			
(Address)			
(Address) Tampa, PC 33606 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) at (800) 214-6/80 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$35 Filing Fee \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$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 Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 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:			
	Scholar Nise Finance, INC.			
SECOND:	Danka	1657689		
THIRD:	The date dissolution was authorized: 02 15 08			
	Effective date of dissolution if applicable: 02/15/08 (no more than 90 days after diss	solution file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. Dissolution was approved by the shareholders through voting groups.			
The following statement must be separately provided for each voting group entite to vote separately on the plan to dissolve:				
	The number of votes cast for dissolution was sufficient for approval by	IR-6 AN HASSEE.		
	(voting group)	AH ID: I & OF STATE E. FLORID		
	Signature: (By a director, president or other officer - if directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary			
	that fiduciary) Matt Ken D			
	(Typed or printed name of person signing)			
	President			
(Title of person signing)				

Filing Fee: \$35