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· (Re	equestor's Name)	
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT:InsurePro Technologies
	(Name of Corporation)
DOC	UMENT NUMBER: P08000012819
	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
Way	ne Fletcher
	(Name of Person)
	(Name of Firm/Company)
1163	3 Peregrine Way
	(Address)
Wes	ton, FL 33327
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
Wayı	ne Fletcher at (954) 732-6393 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifto 2661	Mailing Address: dment Section on of Corporations n Building Executive Center Circle assee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Wayne Fletcher	hereby resign as Director
	(Title)
of InsurePro Technologies Inc	
	me of Corporation)
P08000012819 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·
L	Vaga Fletite

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 10 APR 30 SH 10: 58
SECRETARY OF STATE