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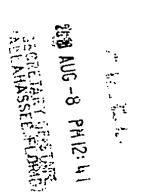
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FOREclosine Refund Corporation (Name of Corporation) DOCUMENT NUMBER: P 11 000000 179
DOCUMENT NUMBER: P 1 1 000000 179
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BARRY HIKIN (Name of Person)
(Name of Person)
(Name of Firm/Company)
4960 PELICAN MANOR (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
BARRY HIKIN at (254) 2631011 (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

DAVID A. KUPPE	AMW, MSQ, hereby resign as DIRELDR TO
of Functional Per	(Title)
(Document Number, if known)	, a corporation organized under the laws of the State of
FIORIDA	

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 Fallahassee, Fiorida 32314