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officer Resignation

T BROWN OCT 19 2005

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TO: Amendment Section
Division of Corporations

SUBJECT: CHRISTIANSON ENTERPRISES, INC.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

CARL CHRISTIANSON
(Name of Person)

CHRISTIANSON ENTERPRISES, INC.
(Name of Firm/Company)

3003 RIO GRANDE TRAIL
(Address)

KISSIMEE, FL. 34741
(City/State and Zip Code)

For further information concerning this matter, please call:

CARL CHRISTIANSON at (407) 697-1753
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PAULA CHRISTIANSON, hereby resign as TREASURER
(Title)

of CHRISTIANSON ENTERPRISES, INCORPORATED
(Name of Corporation)

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

FLORIDA

Paula K. Christianson
(Signature of resigning officer/director)

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05 OCT 10 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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