

April 20, 2001

Department Of State **Division Of Corporations** P. O. Box 6327 Tallahassee, Florida 32314

To whom it may concern,

Pleased be informed that I resign my registered agent position with Gulf Breeze Greetings, Inc. effective immediately. I am no longer an officer or stock holder of the corporation.

If you have any questions, my address is 5235 Soundside Drive-Gulf Breeze, Fl. 32561. My phone number is 850-932-1387.

Sincerely

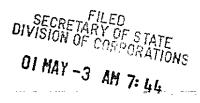
Rebecca Gunter

cc: Vince Gardinia

Note: Sent form & Flee o resign as an officer/Director

1143 Gulf Breeze Parkway Gulf Breeze, Florida 32561





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT

Florida Statutes, the undersigned, ReBecoff Gunter (Name of registered agent) hereby resigns as Registered Agent for Gunter Reces Greetings, Inc. (Name of corporation) A copy of this resignation was mailed to the above listed corporation at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of resigning agent) If signing on behalf of an entity: (Typed or Printed Name)	Tursuant to the provisions of sections $607.0502(2)$, $617.0502(2)$, 607.1509 , or 617.1509 ,
hereby resigns as Registered Agent for Full Breeze Greetings, Inc. (Name of corporation) A copy of this resignation was mailed to the above listed corporation at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of resigning agent) If signing on behalf of an entity:	Florida Statutes, the undersigned, ReBecch Gunter
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of resigning agent) If signing on behalf of an entity: (Typed or Printed Name)	hereby resigns as Registered Agent for <u>fruit Breeze Greetings</u> , <u>Inc.</u> (Name of corporation)
(Signature of resigning agent) If signing on behalf of an entity: (Typed or Printed Name)	A copy of this resignation was mailed to the above listed corporation at its last known address.
(Typed or Printed Name)	(Signaturé of resigning agent)
	in signing on behalf of an entity:
(Capacity)	(Typed or Printed Name)
	(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314