## P97000 107400

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Art.of Diss. 05-17-07 DC

## **COVER LETTER**

то:	Amendment Secti Division of Corpo	on Orations				
SUBJE	<b>CT</b> :	Diversified Power Prot	ection Inc.			
	(Name of Corporation)					
DOCU	MENT NUMBER	P97000107400				
The end	losed Statement o	f Change of Registered Office/	Agent and fee are submitted for filing.			
Please 1	eturn all correspor	ndence concerning this matter to	o the following:			
		Judy E. Jones				
(Name of Contact Person)						
Diversified Power Protection Inc.						
	(Firm/Company)					
334 Cherie Ct., NW						
(Address)						
Fort Walton Beach, Fl 32548						
		(City/State and	• •			
For furt	her information co	ncerning this matter, please cal	1:			
	Judy E. Jon	es	at (850) 244-1227 (Area Code & Daytime Telephone Number)			
	(Name of	Contact Person)	(Area Code & Daytime Telephone Number)			
Enclose	d is a \$35.00 chec	k made payable to the Departm	ent of State.			
	D P	Iailing Address: mendment Section Division of Corporations O. Box 6327 Callahassee, FL 32314	Street Address: 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:  Diversified Power Protection, Incorporated				
SECOND:	The document number of the corporation (if known): P97000107400				
THIRD:	The date dissolution was authorized: May 1, 2007				
	Effective date of dissolution if applicable: (no more than 90 days after dissolution 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 entitled to vote separately on the plan to dissolve:				
	The number of votes cast for dissolution was sufficient for approval by  ALLAHAS				
	(voting group)  RY OF STATE ORID				
	Signature:  (By a director, president of other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)				
	Judy E. Jones				
	(Typed or printed name of person signing)				
	President				
	(Title of person signing)				

Filing Fee: \$35