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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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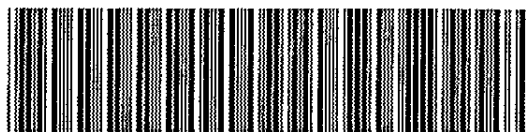
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SALLY & DICK O'LOUGHLIN  
709 MIDDLE RIVER DRIVE  
FORT LAUDERDALE, FLORIDA 33304

REPLY

~~P.O. BOX 8681  
42 HIGHLINE DRIVE  
AVON, CO 81620~~

FLORIDA	NUMBER	REPLY	COLORADO	NUMBER	REPLY
Phone	954-561-5261	<input type="checkbox"/>	Phone	<del>970-748-6963</del>	<input type="checkbox"/>
Fax	954-561-3298	<input type="checkbox"/>	Fax	<del>970-748-6964</del>	<input type="checkbox"/>
Cell	954-557-0751	<input type="checkbox"/>	Cell	<del>954-557-0751</del>	<input type="checkbox"/>
			EMAIL: thomas19@aol.com		<input type="checkbox"/>

### FAX HEADER NOTE

DATE: 12/15/2002 NUMBER OF PAGES: 2  
FROM: Sally O'Loughlin REFERENCES: \_\_\_\_\_

TO: Florida Department of State; Division of Corporations  
COMPANY: \_\_\_\_\_

Dissolution of Florida profit corporation  
Sally O'Loughlin Consulting Inc.

filing fee \$35.00  
8.75 Certified Copy  
\$43.75

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 is: SALLY O'LOUGHLIN CONSULTING, INC.

SECOND: The date dissolution was authorized: 12/15/2002

THIRD: 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 vote of 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

\_\_\_\_\_ (voting group)

Signed this \_\_\_\_\_ day of \_\_\_\_\_

Signature Sally O'Loughlin 12/15/2002  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

SALLY O'Loughlin  
(Typed or printed name)

President  
(Title)

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TALLAHASSEE, FLORIDA