

P.99000004367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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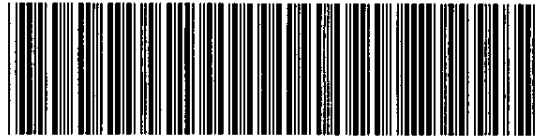
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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T. Roberts FEB 03 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Consolidated Survey, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P99000004367

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

Please return all correspondence concerning this matter to the following:

Patricia E. Faxon

(Name of Person)

Consolidated Survey, Inc.

(Name of Firm/Company)

533 North Nova Road, Suite 114

(Address)

Ormond Beach, FL 32174

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia E. Faxon

(Name of Person)

at (386) 677-6523

(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

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DIVISION OF CORPORATIONS

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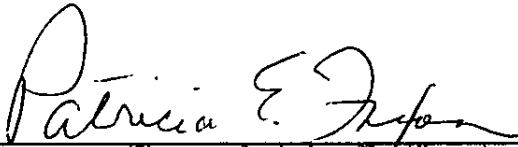
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Patricia E. Faxon, hereby resign as Director
(Title)

of Consolidated Survey, Inc.
(Name of Corporation)

P99000004367, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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