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| Special Instructions to Filing Officer: |
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Division of Corporations Department of State P.O. Box 6327 Tallahassee, FL 32314

January 17, 2003

Dear Sir or Madam:

Enclosed please find OFFICER/DIRECTOR RESIGNATION for MARZENA HUBERT and our check in the amount of \$35.00 for the filing fee.

We are enclosing a copy of the ARTICLES and respectfully request that you stamp it and return it to us.

Please mail the stamped copy to:

TAX CENTERS INC. 4851 85TH AVENUE PINELLAS PARK, FL 33781

Our telephone number is: 727-544-2796

Thank you.



03 JAN 21 PH 12: 08

LALLAHASSEE FLORIDA

OFFICER / DIRECTOR RESIGNATION

| , MARZENA HUBERT , hereby resign as DIRECTOR/PRESIDENT |
|--|
| (Title) |
| |
| of FAMILY CAREFREE HOUSE INC. |
| (Name of Corporation) |
| |
| a corporation organized under the laws of the State of FLORTDA |
| |
| |
| and affirm that the corporation has been notified in writing of the resignation. |
| |
| |
| - COLLAND MURRY |
| (Signature of resigning officer/director) |

FILING FEE IS \$35.00