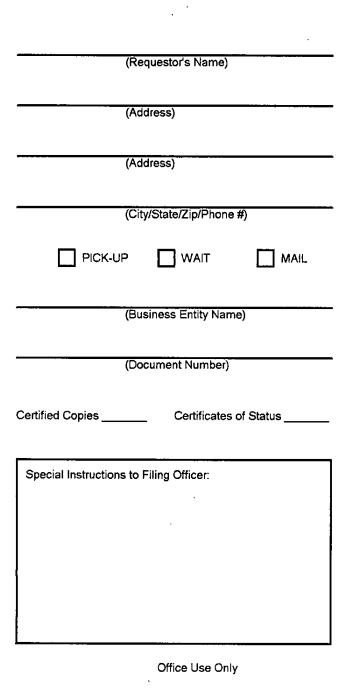
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06 OCT 31 PH 12: 44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KHA

COVER LETTER

Division of Corporations CHARE OF DIRECTORS
SUBJECT: NEW HORIZONS OF KILLSASTONAN INC Name of Corporation) DOCUMENT NUMBER: 19900100996
DOCUMENT NUMBER: 1 1 1 3 3 3 1 1 1 3 3 3 1 1 1 3 3 3 3
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
SIMON OTTENELL (Name of Person)
(Name of Person)
NEW horizons of Hussandyn inc (Name of Firm/Company)
(Name of Firm/Company)
BOS N. PARSONS ANE (Address)
·
Brason Fe 325.0
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (812) 625 1829 (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Karen Ottewell, hereby resign as Wice Pr	ESIDEN (Title)	17	
of New Horizons or Hiusborough Inc. (Name of Corporation)			_,
(Name of Corporation) (Name of Corporation) (Document Number, if known) (Document Number, if known)	the State o	of	
TORDA.			
(Signature of resigning officer/director)	SEGRETARY OF S	06 OCT 31 PM	FILED
		4:27	

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