

RECEIVED
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 DIVISION
 07 JUL -9 AM 11:26

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (Optional)

B. SEND ACKNOWLEDGMENT TO: [Name and Address]

James T. Marasco, Esquire
 617 Smith Street
 Providence, Rhode Island 02908

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE#
 Filed with RI Secretary of State on 12/29/2005 at 12:18PM #200503112240

1b. THE FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) if the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
 Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.
 CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item in 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME
 OR Curanderismo, Inc.

6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND ADD'L INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.
 Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

Unit 202 of 404 Roosevelt Avenue, Central Falls, Rhode Island 02863

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
 OR Lawrence and Lillian Solomon Fund, Inc.

9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILING REFERENCE DATA
 File # Katter



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

UNIFORM COMMERCIAL CODE SECTION

148 W. River St., Providence RI 02904-2615

(401) 222-3040

REFUSAL OF A UCC RECORD PRESENTED FOR FILING

Date and time the record would have been filed, had it been accepted:

7/9/07

GENERAL

- The record has not been communicated by a method or medium authorized by this filing office. 9-516(b)(1)
An amount at least equal to the filing fee was not submitted. 9-516(b)(2)
Filing office is unable to read or decipher the information. 9-516(c)(1)

INITIAL FINANCING STATEMENT

- Failure to provide the names of the debtor. 9-516(b)(3)(i)
Failure to indicate whether the debtor is an individual or an organization. 9-516(b)(5)(ii)
If identified as an individual, failure to provide the last name of the debtor. 9-516(b)(3)(iii)
If identified as an organization, failure to provide organizational information for the debtor.
a type of organization 9-516(b)(5)(A)
a jurisdiction of organization 9-516(b)(5)(B)
an organization ID# or an indication that the debtor has none 9-516(b)(5)(C)
Failure to provide a mailing address of the debtor. 9-516(b)(5)(i)
Failure to provide a name for the secured party. 9-516(b)(4)
Failure to provide a mailing address for the secured party. 9-516(b)(4)
In case of an assignment reflected on an initial financing statement, failure to provide a name for the assignee. 9-516(b)(6)
In case of an assignment reflected on an initial financing statement, failure to provide a mailing address for the assignee. 9-516(b)(6)

AMENDMENT OR CORRECTION STATEMENT

- Failure to identify a file number of an initial financing statement to which it relates. 9-516(b)(3)(ii)(A)
Identifies an initial financing statement for which effectiveness has lapse. 9-516(b)(3)(ii)(B)

Continuation

- Failure to file within the six-month window prior to lapse. 9-516(b)(7)

Assignment

- Failure to provide a name for the assignee. 9-516(b)(6)
Failure to provide a mailing address for the assignee. 9-516(b)(6)

Amendment of Party Information

New Debtor

- Failure to indicate whether the debtor is an individual or an organization. 9-516(b)(5)(ii)
If identified as an individual, failure to provide the last name of the debtor. 9-516(b)(3)(iii)
If identified as an organization, failure to provide organizational information for the debtor.
a type of organization 9-516(b)(5)(A)
a jurisdiction of organization 9-516(b)(5)(B)
an organizational ID# or an indication that the debtor has none 9-516(b)(5)(C)

- Failure to provide a mailing address for the debtor. 9-516(b)(5)(i)

New Secured Party

- Failure to provide name for the secured party. 9-516(b)(4)
Failure to provide a mailing address for the secured party. 9-516(b)(4)

Comments ID # in section 1A is incorrect.

All set.