2005 FOR PROFIT CORPORATION

May 02, 2005 8:00 am Secretary of State ANNUAL REPORT 05-02-2005 90511 022 ***150.00 **DOCUMENT # M98396** 1. Entity Name ZOETIC, INC. Principal Place of Business Mailing Address 50045079 4875 N. FEDERAL HWY 4875 N. FEDERAL HIGHWAY 7TH FLOOR 7TH FLOOR FT LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0068760 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSENBERG, ARTHUR R Street Address (P.O. Box Number is Not Acceptable) 4875 N FEDERAL HWY 7TH FL FT LAUDERDALE, FL 33308 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITI F TITLE ☐ Chance ☐ Addition IRWIN, EDWARD J. NAME 4875 N. FEDERAL HIGHWAY, 7TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33308 CITY-ST-ZIP VTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRODERHAUSEN, BETH NAME NAME STREET ADDRESS 4875 N. FEDERAL HIGHWAY, 7TH FLOOR STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE ☐ Defete TITLE **□** #ddition Rosenberg, Arthur R. Char 4875 N. Federal Huy, 7th Flowe NAME ROSENBERG, ARTHUR R NAME STREET ADORESS 4875 N FEDERAL HIGHWAY, 7TH FLOOR STREET ADDRESS CITY-ST-ZIP Ft. Lauderdale FL 33308 FT LAUDERDALE, FL CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE □ Delete TITE F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true approaccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

FILED