## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2008 08:00 A Secretary of State

| DOCUMENT # P02000070698  1. Entity Name ETOC, INC.           |   | 8  |  | Secretary of Si   |   |  |
|--|---|--|--|---|---|--|
| Principal Place<br>6530 NW 4 S<br>FORT LAUDE                 | 5τ e  | ailing Address<br>1530 NW 4 ST<br>ORT LAUDERDALE, FL 3331  | 7  | £ 1880/881 (1) € 80/8 (78/7 88/   |   | 110 2010 1 1010 0 1 1 1 1 1 1 1 1 1 1 1  |
|  |   |  |  |   |   |  |
| a - 1  |   | . , ·  |  | 04142008 No Ch  | ıg-P CR2E034 (  | 11/05)   |
| DO NOT WRITE IN THIS SPACE                                   |   |  |  | 4. FEI Number<br>41-2048052   |   | Applied For Not Applicable   |
|  |   |  |  | 5. Certificate of Status D  |   | 75 Additional<br>Required  |
|  | 6. Name and Address of Current Regis  | tered Agent  |  |   |   | Str. de Horizon  |
| COTE, MICHAEL D<br>6530 NW 4 ST<br>FORT LAUDERDALE, FL 33317 |   |  |  | DO NOT  | WRITE   |  |
|  |   |  |  | IN THIS SPACE   |   |  |
|  |   |  |  |   |   |  |
| 8. The above the obligation                                  | named entity submits this statement for the jons of registered agent.   | ourpose of changing its registe  | red office or register   | red agent, or both, in the St   | ate of Florida. I am famil  | liar with, and accept  |
| SIGNATURE_   | Signature, typed or printed name of registered agent and title  | of applicable (NOTE Rappie   | red Agent signature require  | d when remetalized  | DATE  |  |
|  | Signature, typed or printed name or registered agent and title  |  |  |   | 0.112   |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00   | 9. Election Campaign Fina<br>Trust Fund Contribution   |  | .00 May Be<br>led to Fees   |   |  |
| 10.  | OFFICERS AND DIRE   | CTORS  |  |   | unonnonna si  |  |
| TITLE<br>NAME  | COTE, MICHAEL D   |  |  |   | U00000899841°<br>29708-80005-0  | 004 150.00   |
| STREET ADDRESS<br>CITY-ST-ZIP                                | 6530 NW 4 ST<br>FORT LAUDERDALE, FL 33317   |  |  |   |   |  |
| TITLE<br>NAME  |   |  |  |   |   | The control of the second of t |
| STREET ADDRESS<br>CITY-ST-ZIP                                |   |  |  |   |   |  |
| TITLE  |   |  | •  |   |   |  |
| STREET ADDRESS   |   |  |  | DO NO   | T WRITE   |  |
| CITY-ST-ZIP<br>TITLE   |   |  | 1  |   | SPACE   |  |
| NAME<br>STREET ADDRESS                                       |   |  |  |   |   | 1 2 1  |
| CITY-ST-ZIP  |   |  | _  | 1 3a  |   |  |
| NAME   |   |  |  | ,   |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                |   |  | ,  |   | 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -   | ें केरे har हैं<br>हैं   |
| TITLE<br>NAME  |   |  |  | , .   |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                |   |  |  |   |   |  |
| 12. I hereby of indicated of the conchanged.                 | certify that the information supplied with this ton this report or supplemental report is the receiver or trustee empowerer, or on an attachment with address, with a | illing does not qualify for the e<br>and accurate and that my sign<br>d to elecute this report as requil<br>il other line empowered. | xemptions containe<br>lature shall have the<br>uired by Chapter 60 | d in Chapter 119, Florida S<br>same legal effect as if mad<br>7, Florida Statutes; and that | statutes. I further certify to<br>the under oath; that t am a<br>t my name appears in Blo | hat the information<br>in officer or director<br>ock 10 or Block 11 if   |

Michael CoTE