## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000074236

FILED May 23, 2009 Secretary of State

| Entity Nar                                  | me: INRADIX   | INC.  |  |  |  |
|---|---|---|--|--|--|
| Current P                                   | rincipal Place  | of Business:  | New Principal Place  | New Principal Place of Business:             |  |
|   | TH LIGHTS D<br>CRES, FL 334                           |   | 1704 CORPORATE DE<br>BOYNTON BEACH, FL                     |  |  |
| Current Mailing Address:                    |   |   | New Mailing Address  | New Mailing Address:                         |  |
|   | TH LIGHTS DI<br>CRES, FL 334                          |   | 1704 CORPORATE DE<br>BOYNTON BEACH, FL                     |  |  |
| FEI Number:                                 | : 26-1159858  | FEI Number Applied For ( )  | FEI Number Not Applicable ( )                              | Certificate of Status Desired ( )            |  |
| Name and                                    | Address of C  | current Registered Agent:   | Name and Address o   | f New Registered Agent:                      |  |
| 1203 GOV<br>SUITE 101                       | ERNORS SQ   |   | MICHAEL SLOBODOV<br>1704 CORPORATE DI<br>BOYNTON BEACH, FI | RIVE   |  |
|   | named entity :<br>e of Florida.                       | submits this statement for the  | purpose of changing its registered                         | d office or registered agent, or both,       |  |
| SIGNATURE: MICHAEL SLOBODOW                 |   |   |  | 05/23/2009                                   |  |
|   | Electror  | ic Signature of Registered A  | gent   | Date   |  |
|   |   | 3(2)(b), F.S., the corporation did i<br>g Trust Fund Contribution (  ). | not receive the prior notice.                              |  |  |
| OFFICERS AND DIRECTORS:                     |   |   | ADDITIONS/CHANGE   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D ( )<br>SLOBODOW, M<br>5067 NORTH L<br>GREENACRES    | IGHTS DR.   | Title:<br>Name:<br>Address:<br>City-St-Zip:                | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D ( )<br>KAPLAN, ADAN<br>311 SW 27TH A<br>DELRAY BEAC | AVENUE  | Title:<br>Name:<br>Address:<br>City-St-Zip:                | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SLOBODOW 05/23/2009 D