

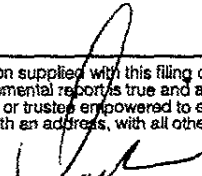


FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000065842 1. Entity Name SPATHETICS, INC.			
Principal Place of Business 2426 N.W. 138TH DR. SUNRISE, FL 33323		Mailing Address 2426 N.W. 138TH DR. SUNRISE, FL 33323	
DO NOT WRITE IN THIS SPACE			
		04282004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0941085	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACLELLAN, DAWN R 2426 N.W. 138TH DR. SUNRISE, FL 33323		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACLELLAN, DAWN R 2426 NW 138 DRIVE FORT LAUDERDALE, FL 33323		
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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 and accurate 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:  Dawn R. Maclellan		4/27/04 954-610-3195	