

FOR IMMEDIATE RELEASE

BREAKTHROUGH IN EXTENSIVELY DRUG-RESISTANT TUBERCULOSIS

(XDR-TB) THERAPY PUBLISHED

- **Complete Cure of Immunoxel treated XDR-TB Patients**
- **Promising Breakthrough Findings of Recent XDR-TB Immunotherapy Trial Published in Science Alert's Peer-Reviewed Journal 'Current Research in Tuberculosis'**

Sydney – April 16, 2008 - Zodiac Capital Limited ("ZOD") - advises that the key study results of this recent trial confirmed a complete cure of all XDR TB patients supplemented with the botanical immunotherapy product, Immunoxel which demonstrated 100% effectiveness and reduced treatment duration to under four months in all patients as opposed to the general 18-24 months of treatment with standard TB drugs.

Conventional TB chemotherapy success rates are low in patients with Extensively Drug-Resistant TB (XDR-TB). XDR-TB is defined as TB that is resistant to any fluoroquinolone, and at least one of three injectable second-line drugs (capreomycin, kanamycin, and amikacin), in addition to the two most commonly used drugs in the current first-line regimen, isoniazid and rifampin. Standard current XDR-TB treatment is extremely lengthy and complicated, with some strains virtually untreatable. XDR-TB is seen throughout the world but most frequently in the countries of the former Soviet Union, Africa and Asia.

The Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) surveys indicated that in the worst-affected countries, 10 percent of Multi Drug Resistant TB (MDR-TB) cases were XDR-TB. Research is being carried out urgently to better understand XDR-TB, and the WHO and others have mounted an intensified global response to this escalating incidence of resistance being evidenced worldwide.

The published Immunoxel study summarizes twelve XDR-TB individuals, seven of which in addition to standard anti-TB therapy (ATT) received Immunoxel, Svitanok and Lisorm – all being immunomodulators under global license to the Company's proposed recently announced joint venture. All seven patients who received the Immunoxel adjunct immunotherapy improved clinically and radiologically and were discharged after 3.7 ± 0.8 months, with average/median time to mycobacterial clearance 28/25 days. None of five patients on TB drugs alone improved after 9 months and one had died. Patients on the Immunoxel immune intervention gained 9.6 kg ($P=0.0001$) while those on ATT lost 1.4 kg. The levels of total bilirubin in the Immunoxel patients decreased from 15.6 to 10.7 $\mu\text{mol/L}$ while the alanine transaminase (ALT) levels declined from abnormally high 42.6 IU/L to normal levels of 22 IU/L ($P=0.23$). Patients on ATT treatment alone had unchanged levels of bilirubin and their ALT declined from 29.6 to 12 IU/L ($P=0.02$). The levels of hemoglobin in the Immunoxel patients had risen from 104.1 to 118 g/L ($P=0.07$), whereas leukocyte counts descended to normal levels from 8.9 to 7.3×10^9 cells/L ($P=0.18$). In patients on ATT, leukocyte counts had risen from 8.7 to 13.8×10^9 cells/L ($P=0.21$), whereas hemoglobin declined to below normal levels from 116.4 to 96.6 g/L ($P=0.18$). These results show that the Immunoxel

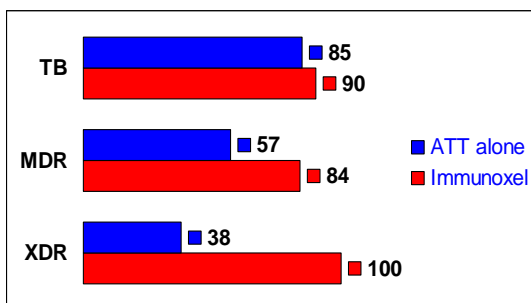
immune-modulating interventions can favorably influence the effect of TB drugs and that the difference between the two treatment outcomes was highly significant (Mantel Haenszel odds ratio=11; P=0.0009 at 95% CI). Thus, even though the trial was only in a small patient group it never-the-less clearly demonstrated that the Immunoxel adjunct immunotherapy is safe, dramatically shortens treatment duration, and can overcome drug resistance in patients with XDR-TB.

Mr. Volodymyr Pylypchuk Director of Ekomed, the product licensor, commented: "As long as TB is treated with a long, complex, decades-old drugs regimen, XDR-TB will continue to remain a life-threatening disease with unmet needs. Immunomodulators such as our Immunoxel product, work through totally new biological mechanisms and are perhaps most effective against both drug-susceptible and drug-resistant strains like MDR and XDR-TB. The Immune intervention, we have developed, can not only drastically shorten treatment time and costs but also save countless lives now. Our study conducted in Ukraine shows that we can offer a practical solution to the current global TB crisis. We are now planning independent studies in Asia and Africa with the specific aim to use much larger patient populations that will support our findings."

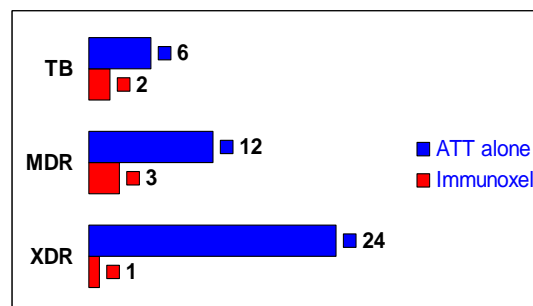
Managing Director, Mr. Peter Boonen, stated: "This latest published trial further supports the Immunoxel case as a breakthrough adjunct Anti-TB Treatment (ATT) and, as has been presented in the last 30 days at the 4th AIDS Conference in Durban, South Africa and to the U.S. CRDF, the use of Immunoxel as an adjunct immunomodulator to existing anti TB treatment (ATT):

- Tunes the Immune System against **any** form of TB
- Enhances efficacy of TB drugs 2-10 fold
- Shortens therapy duration 3-12 fold
- Reduces and reverses toxicity of current TB drugs
- Is market ready for TB and TB/HIV treatment

EFFICACY



TREATMENT TIME





Zodiac Capital Limited, ACN 126 263 170
Level 1, 275 George Street, Sydney NSW 2000
Australia
Phone +61 2 9299 9270
Fax +61 2 9299 9276

Immunoxel is one of the 26 phytopharmaceutical (botanical) products being commercialised globally under a Zodiac Capital Limited License Agreement that, subject to Stirling Products shareholder approval, the Company has agreed to joint venture with Stirling Products as has previously been advised to the market on 25 March 2009. An Independent Expert's Report on the joint venture agreement is currently being prepared for inclusion and consideration at a Stirling Products Shareholders Meeting proposed for next month that will also seek the approval of director appointments and payments as well as for completion of funding committed to the Company.

For all inquiries please contact:

Peter Boonen +61 (0) 437 517 428 peter.boonen@zodiaccap.com

Peter Squire +61 (0) 400 025 471 peter.squire@zodiaccap.com

Zodiac Capital Limited

Level 1, 275 George Street
Sydney NSW 2000
Tel: +61 (0) 2 9299 9270