FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90134 011 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000011584

1. Entity Name
OPTIONS MANAGEMENT, INC.

Principal Place of Business
5043 PORTSMOUTH ST 5137 Epping
TAVARES, FL 32778
Zephyrhills, FL 33541

Mailing Address
5043 PORTSMOUTH ST 5137 Epping Ln
TAVARES, FL 32778
Zephyrhills, FL 33541

04112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
5137 Spring Lane	5137 Spring Lane
Suite, Apt #, etc. Epping	Suite, Apt. #, etc.
City & State: Zephyrhills, FL	City & State: Zephyrhills, FL
Zip: 33541 Country:	Zip: 33541 Country:

4. FEI Number: 65-0978654 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

METCALFE, DEBORAH S
5043 PORTSMOUTH ST
TAVARES, FL 32778
5137 Epping Lane
Zephyrhills, FL 33541

7. Name and Address of New Registered Agent

Name: Epping
Street Address (P.O. Box Number is Not Acceptable): 5137 Spring Lane
City: Zephyrhills FL Zip Code: 33541

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] Vice President 4/11/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS METCALFE, DEBORAH S 36627 LAUREL OAKS LN. DADE CITY, FL 33525 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Epping 5137 Spring Lane Zephyrhills, FL 33541 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV METCALFE, ROBERT KEVIN 36627 LAUREL OAKS LN. DADE CITY, FL 33525 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Epping 5137 Spring Lane Zephyrhills, FL 33541 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] Vice President 4/11/06 813-778-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #