2006 FOR PROFIT CORPORATION

Feb 20, 2006 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # S37044** 02-20-2006 90036 007 ***150.00 1. Entity Name EREM, INC. Principal Place of Business Mailing Address DUUTA** 2772-S NW 43 ST % MAHONEY COHEN FAMILY OFFICE SERVICES GAINESVILLE, FL 32606 1065 AVENUE OF THE AMERICAS NEW YORK, NY 10018 No Chg-P CR2E034 (11/05) 02062006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3054399 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOLDEN, CHARLES I., JR. DO NOT WRITE 2772-S NW 43 ST GAINESVILLE, FL 32606 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HOLDEN, CHARLES I JR NAME STREET ADDRESS 2772-S NW 43 ST CITY-ST-ZIP GAINESVILLE, FL DPT TITLE SPEKTOR, MIRA NAME STREET ADDRESS 2772- S NW 43RD STREET GAINESVILLE, FL 32606 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP

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.

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TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED