2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

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Entity Name: OPTIONS UNIVERSITY, LLC

Current Principal Place of Business:

1698 SW 16TH ST
BOCA RATON, FL 33486

New Principal Place of Business:

925 S FEDERAL HWY
STE 510
BOCA RATON, FL 33432 US

Current Mailing Address:

1698 SW 16TH ST
BOCA RATON, FL 33486

New Mailing Address:

925 S FEDERAL HWY
STE 510
BOCA RATON, FL 33432

FEI Number: 20-0480479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRETT, FOGLE J
1698 SW 16TH ST
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BRETT J FOGLE TRUST, DATED JUNE 16, 2006
Address: 1698 SW 16TH ST
City-St-Zip: BOCA RATON, FL 33486

Title: MBR ( ) Delete
Name: IANIERI, RONALD
Address: 6 CARROLL COURT
City-St-Zip: SICKLERVILLE, NJ 08081

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BRETT J FOGLE TRUST, DATED JUNE 16, 2006
Address: 1698 SW 16TH ST
City-St-Zip: BOCA RATON, FL 33486

Title: MGR (X) Change ( ) Addition
Name: IANIERI, RONALD
Address: 6 CARROLL COURT
City-St-Zip: SICKLERVILLE, NJ 08081

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRETT J FOGLE MGRM 04/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date