2005 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNUAL REPORT FILED DOCUMENT # P03000023147 Apr 11, 2005 08:00 AM 1. Entity Name **Secretary of State** REM OPTIONS INC. Principal Place of Business Mailing Address 7218 NORTHWEST 63RD WAY 7218 NORTHWEST 63RD WAY PARKLAND, FL 33067 PARKLAND, FL 33067 No Chg-P CR2E034 (10/03) 04052005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 31-0454892 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 1S \$150.00 Trust Fund Contribution Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PTD TITLE MENENDEZ, ROBERT R NAME STREET ADDRESS 7218 NORTHWEST 63RD WAY CITY-ST-ZIP PARKLAND, FL 33067 TITLE 04/11/05-80058-009 150.00 MENENDEZ, EILEEN L NAME STREET ADDRESS 7218 NORTHWEST 63RD WAY CITY - ST-ZIP PARKLAND, FL 33067 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #