2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P06000121526

Entity Name: TOOTH OPTIONS, INC.

Current Principal Place of Business:

9033 TAFT ST.
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

9033 TAFT ST.
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREEAR, JAMIE
12106 LANDING WAY
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

GREEAR, JAMIE
9033 TAFT STREET
PEMBROKE PINES, FL 33024 US

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: 03/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GREEAR, J.
Address: 12106 LANDING WAY
City-St-Zip: COOPER CITY, FL 33026

Title: VP ( ) Delete
Name: GREEAR, RICKEE
Address: 12106 LANDING WAY
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GREEAR, J.
Address: 9033 TAFT STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP (X) Change ( ) Addition
Name: GREEAR, RICKEE
Address: 9033 TAFT STREET
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE GREEAR DR. 03/24/2009
Electronic Signature of Signing Officer or Director — Date