

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001395

FILED
May 01, 2008
Secretary of State

Entity Name: THE WAY TO HAPPINESS FOUNDATION INTERNATIONAL, INC.

Current Principal Place of Business:

619 CLEVELAND ST
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

201 E BROADWAY
GLENDALE, VA 91205

New Mailing Address:

FEI Number: 95-3937092 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KICINSKI, THOM
619 CLEVELAND ST
CLEARWATER, FL 33756 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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: GINSBERG, JONI
Address: 201 E BROADWAY
City-St-Zip: GLENDALE, CA 91205

Title: P () Delete
Name: MILLER, LANCE
Address: 201 E BROADWAY
City-St-Zip: GLENDALE, CA 91205

Title: DS () Delete
Name: HOGATH, SIMON
Address: 706 HOLLYWOOD BLVD
City-St-Zip: LOS ANGELES, CA 90028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GINSBERG, JONI
Address: 201 E BROADWAY
City-St-Zip: GLENDALE, CA 91205

Title: T (X) Change () Addition
Name: BURPEE, THOMAS
Address: 201 E BROADWAY
City-St-Zip: GLENDALE, CA 91205

Title: DS (X) Change () Addition
Name: LEAHMAN, NADJA
Address: 706 HOLLYWOOD BLVD
City-St-Zip: LOS ANGELES, CA 90028

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONI GINSBERG

P

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date