2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: GAINESVILLE H.I.P.P.Y., INC.

Current Principal Place of Business:

603 NW 7TH AVENUE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P O BOX 5688
GAINESVILLE, FL 32627 US

New Mailing Address:

FEI Number: 41-2266098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, DR. DETROIT R
7407 NW 21ST COURT
GAINESVILLE, FL 32653 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: PBCH
Name: WILLIAMS, DETROIT R DR.
Address: 7407 N W 21ST COURT
City-St-Zip: GAINESVILLE, FL 32653

Title: T
Name: COLBERT, ALLEN
Address: 628 NW 7TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: S
Name: NAIMA, PRINCE
Address: 25510 NW 10TH AVE
City-St-Zip: NEWBERRY, FL 32669

Title: D
Name: RAWLS, YVONNE C
Address: 5808 SW 49TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: BANKS, LAKAY A
Address: 1335 SE 11TH AVENUE
City-St-Zip: GAINESVILLE, FL 32641

Title: VP
Name: THORPE, KEVIN
Address: 5730 SW 81ST DR.
City-St-Zip: GAINESVILLE, FL 32608 US

I hereby 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 all other like empowered.

SIGNATURE: YOLANDA M HAGLEY ED 03/12/2010

Electronic Signature of Signing Officer or Director Date