

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000149238

Entity Name: HAPPY FEET TOURS, INC.

FILED
Apr 01, 2007
Secretary of State

Current Principal Place of Business:

4851 W. GANDY BOULEVARD
#B4-L12
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

4851 W. GANDY BOULEVARD
#B4-L12
TAMPA, FL 33611 US

New Mailing Address:

POST OFFICE BOX 130071
TAMPA, FL 336810071 US

FEI Number: 84-1720738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTRADA, ARLENE M
4851 W. GANDY BOULEVARD
#B4-L12
TAMPA, FL 33611 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ESTRADA, ARLENE M
Address: 4851 W. GANDY BOULEVARD, #B4-L12
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: ESTRADA, ARLENE M
Address: 4851 W. GANDY BOULEVARD, #B4-L12
City-St-Zip: TAMPA, FL 33611

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 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: ARLENE M. ESTRADA

PST

04/01/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date