2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P08000015299

Entity Name: HAPPY MEMORIES LEARNING CENTER CORP.

Current Principal Place of Business:

15363 SW 42 TERR
MIAMI, FL 33185

New Principal Place of Business:

9911 SW 142ND AVE
MIAMI, FL 33186

Current Mailing Address:

15363 SW 42 TERR
MIAMI, FL 33185

New Mailing Address:

9911 SW 142 AVE
MIAMI, FL 33186

FEI Number: 61-1554212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYES, RUBEN D
15363 SW 42 TERR
MIAMI, FL 33185 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: PD ( ) Delete
Name: CASANOVA, ROSA M
Address: 15363 SW 42 TERR
City-St-Zip: MIAMI, FL 33185

Title: VD ( ) Delete
Name: ALVARWZ, ILEANA
Address: 15363 SW 42 TERR
City-St-Zip: MIAMI, FL 33185

Title: D ( ) Delete
Name: REYES, RUBEN D
Address: 15363 SW 42 TERR
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CASANOVA, ROSA M
Address: 9911 SW 142 AVE
City-St-Zip: MIAMI, FL 33186

Title: VD (X) Change ( ) Addition
Name: ALVAREZ, ILEANA
Address: 9911 SW 142 AVE
City-St-Zip: MIAMI, FL 33186

Title: D (X) Change ( ) Addition
Name: REYES, RUBEN D
Address: 9911 SW 142 AVE
City-St-Zip: MIAMI, FL 33186

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: ROSA CASANOVA PRES 03/24/2009

Electronic Signature of Signing Officer or Director — Date