2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 465008

Entity Name: HAPPINESS FARMS, INC.

FILED Jan 12, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

704 CR 621 EAST 704 CR 621 EAST

P.O. BOX 219 LAKE PLACID, FL 338528872 US LAKE PLACID, FL 338527219

Current Mailing Address: New Mailing Address:

704 CR 621 EAST P.O. BOX 219

P.O. BOX 219 LAKE PLACID, FL 338620219 US LAKE PLACID, FL 338527219

FEI Number: 59-1764729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PHYPERS, DANIEL
STATE RD 621 EAST
LAKE PLACID, FL 33852 US
PHYPERS, DANIEL
704 COUNTY RD 621 EAST
LAKE PLACID, FL 33852 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: 01/12/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 PHYPERS, DANIEL,
 Name:
 PHYPERS, DANIEL,

 Address:
 STATE ROAD 621 EAST
 Address:
 704 COUNTY ROAD 621 EAST

 City-St-Zip:
 LAKE PLACID, FL
 338528872 US

Title: P () Delete Title: P (X) Change () Addition

Name:PHYPERS, PAUL JR,Name:PHYPERS, PAUL JR,Address:STATE ROAD 621 EASTAddress:704 COUNTY ROAD 621 EAST

City-St-Zip: LAKE PLACID, FL 338528872 US

Title: V () Delete Title: V (X) Change () Addition Name: PHYPERS, DARLENE, Name: PHYPERS, DARLENE,

Address: STATE ROAD 621 EAST Address: 704 COUNTY ROAD 621 EAST City-St-Zip: LAKE PLACID, FL 338528872 US

Title: T () Delete Title: T (X) Change () Addition

Name:PHYPERS, CAROLYN,Name:PHYPERS, CAROLYN,Address:STATE ROAD 621 EASTAddress:704 COUNTY ROAD 621 EASTCity-St-Zip:LAKE PLACID, FLCity-St-Zip:LAKE PLACID, FL338528872 US

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: CAROLYN S. PHYPERS T 01/12/2006