2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718168

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

Entity Name: HAPPY HOUSE, INC.

FILED Jan 06, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:			
POBOX 1	AKE JEFFERY 282 /, FL 3205612						
Current Mailing Address:			New Maili	New Mailing Address:			
LAKE JEFF P O BOX 1 LAKE CITY		282					
FEI Number:	59-1294906	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Des	ired (X)	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
327 N HEF	WALLACE M RNANDO STR 7, FL 32055	REET US					
	named entity of Florida.	submits this statement for the pu	ırpose of changing i	ts registered	office or registered ager	ıt, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent			nt	Date			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D (MCGLAMERY, 448 S. FIRST: LAKE CITY, FL	ST.,	Title: Name: Address: City-St-Zip:	D () MCGLAMERY 809 SW SUMI LAKE CITY, F	MER BREEZE		
Title: Name: Address: City-St-Zip:	D (SPRING, JUDY RT 13 BOX 33 LAKE CITY, FL	31-26	Title: Name: Address: City-St-Zip:	D (X SPRING, JUD 1612 NW FRO LAKE CITY, F	ONTIER DR.		
Title: Name: Address: City-St-Zip:	CD (PERSONS, JC RT. 4, BOX 28 LAKE CITY, FL	410	Title: Name: Address: City-St-Zip:	CD (2 PERSONS, JO 801 SW SEMI LAKE CITY, F	NOLE TERR		

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

Title:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: LORRIE WHEELER C 01/06/2006

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WHEELER, LORRIE

LAKE CITY, FL 32055

RT. 13 BOX 186-A

KELLY, VERONICA

LAKE CITY, FL 32055

LAKE CITY, FL 32056 US

880 EAST BAYA

SMITH, GEORGIA

PO BOX 1792

(X) Change () Addition

(X) Change () Addition

() Change () Addition

WHEELER, LORRIE

272 SW BENTLEY PL

LAKE CITY, FL 32055

KELLY, VERONICA

139 NW HERON GLEN

LAKE CITY, FL 32055