## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#718168** 

Entity Name: HAPPY HOUSE, INC.

FILED Jan 17, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
544 NW LA LAKE CITY	KE JEFFERY F , FL 32055	RD					
Current Mailing Address:				New Mailing Address:			
LAKE JEFFERY RD P O BOX 1282 LAKE CITY, FL 320561282				P.O. BOX 1282 LAKE CITY, FL 320561282			
FEI Number: 59-1294906 FEI Number Applied For ( ) FEI Num			FEI Num	nber Not Applicable ( ) Certificate of Status Desired (X)			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
JOPLING, WALLACE M 327 N HERNANDO STREET LAKE CITY, FL 32055 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:							
Electronic Signature of Registered Agent				 Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () [ WALKER, SHER' PO BOX 1282 LAKE CITY, FL 3			Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () E SPRING, JUDY 1612 NW FRONT LAKE CITY, FL 3			Title: Name: Address: City-St-Zip:	S (X) KAZMIERSKI, M 600 NW CLUBV LAKE CITY, FL	IEW CIR	
Title: Name: Address: City-St-Zip:	CD () E PERSONS, JOE 801 SW SEMINO LAKE CITY, FL 3			Title: Name: Address: City-St-Zip:	M (X) PERSONS, JOE 801 SW SEMING LAKE CITY, FL	OLE TERR	
Title: Name: Address: City-St-Zip:	C () [ WHEELER, LOR 272 SW BENTLE LAKE CITY, FL	Y PL		Title: Name: Address: City-St-Zip:	C (X) SCAFF-DRAWD 134 SE COLBUI LAKE CITY, FL	RN AVE.	
Title: Name: Address: City-St-Zip:	D () E KELLY, VERONIO 139 NW HERON LAKE CITY, FL	GLEN		Title: Name: Address: City-St-Zip:	T (X) KELLY, VERON 139 NW HERON LAKE CITY, FL	I GLEN	
Title: Name: Address: City-St-Zip:	CO-C () E SGANGA, JACKII 1784 SW PALON LAKE CITY, FL	1A COUTY		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	

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

SIGNATURE: SHERYLL WALKER D 01/17/2008