2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# 718168

Entity Name: HAPPY HOUSE, INC.

Current Principal Place of Business:

544 NW LAKE JEFFERY RD
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1282
LAKE CITY, FL 320561282

New Mailing Address:

FEI Number: 59-1294906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOPLING,WALLACE M
327 N HERNANDO STREET
LAKE CITY, FL 32055 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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WALKER, SHERYLL	
Address:	PO BOX 1282	
City-St-Zip:	LAKE CITY, FL 32056	
Title:	S	( ) Delete
Name:	KAZMIERSKI, MARCIA	
Address:	600 NW CLUBVIEW CIR	
City-St-Zip:	LAKE CITY, FL 32055	
Title:	M	( ) Delete
Name:	PERSONS, JOE	
Address:	801 SW SEMINOLE TERR	
City-St-Zip:	LAKE CITY, FL 32024	
Title:	C	( ) Delete
Name:	SCAFF-DRAWDY, JENNY	
Address:	134 SE COLBURN AVE.	
City-St-Zip:	LAKE CITY, FL 32025	
Title:	T	( ) Delete
Name:	KELLY, VERONICA	
Address:	139 NW HERON GLEN	
City-St-Zip:	LAKE CITY, FL 32055	
Title:	CO-C	( ) Delete
Name:	SGANGA, JACKIE	
Address:	1784 SW PALOMA COUTY	
City-St-Zip:	LAKE CITY, FL 32025 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 01/22/2009

Electronic Signature of Signing Officer or Director — Date