2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

| DOCUMENT # 731694 1. Entity Name FRIENDS OF HAPPY WORKERS, INC. | | | | | | 05-02-2005 | 5 90968 047 * | | 1.25 | |
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| 920 19TH ST. S. 920 | | Mailing Address 920 19TH ST. S. SAINT PETERSBURG, FL 3 | | | | а цуот с | , a - | | | |
| | | | | : | | | | | MIN | |
| 2. Principal Place of Business 3. Ma | | 3. Mailing Address | lailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 04282005 | Chg-NP | CR2E037 (10 | V03) | | |
| City & State | | City & State | City & State | | 4. FEI Number 59-0751 | | | | plied For Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate of | of Status Desired | | 5 Add | litional | |
| <u> </u> | 6. Name and Address of Current | Registered Agent | | | 7. Name and a | Address of New I | Registered Agent | | <u></u> | |
| MCDAS C | | | Name | Name / ,)) A/ // | | | | | | |
| MCRAE, DON' 6634 3074 STREET SOUTH SAINT PETERSBURG, FL 33712 | | | | Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) South | | | | | | |
| SAIDTI PE | IEROBURG, FL 337 12 | | SI. F | elect | 140 | , | | | | |
| | | | City | | J | | FL Z | ip Code | 12 | |
| | named entity submits this statement for | or the purpose of changing its reg | gistered office or | register | ed agent, or bott | n, in the State of F | | | • | |
| ine odiga | tions of registered agent. | | | | | | / 1. | | | |
| SIGNATURE | Lawanda Walker Signature, typed or printed reme of registered agent | and title if applicable (NCITE: Re | | | ···· | | 4/29/0 | 5 | - | |
| | | der and a debuggerer (120.5° for | deseas vões sõus | ure required | when reinstating) | | PATE / | | | |
| | | | · · · · · · | ure required | | | PATE / | awa ja | | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dr. Vingue B. Irving

4/29/05 (727) 894-5337