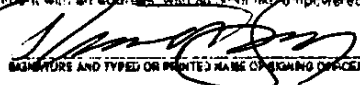


FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90149 048 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F44135		
1. Entry Name HAPPY DAY TODAY OF SOUTH FLORIDA, INC.		
Principal Place of Business 2640 NE 23 STREET POMPANO BEACH, FL 33062	Mailing Address 2640 NE 23 STREET POMPANO BEACH, FL 33062	400444  03292006 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		
4. FEI Number 59-2128984		Applied For ☐ Not Applicable
5. Continuation of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BRADY, RICHARD 2640 NE 23 STREET POMPANO BEACH, FL 33062		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature of typed or printed name of registered agent or other officer or director		
NOTE: Registered Agent signature required when returning. DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐
\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE P NAME BRADY, RICHARD STREET ADDRESS 2640 NE 23 STREET CITY, ST, ZIP POMPANO BEACH, FL 33062	DO NOT WRITE IN THIS SPACE	
TITLE V NAME ZSAK, THOMAS STREET ADDRESS 1731 S.W. 1ST TERRACE CITY, ST, ZIP POMPANO BEACH, FL 33060		
TITLE NAME STREET ADDRESS CITY, ST, ZIP 		
TITLE NAME STREET ADDRESS CITY, ST, ZIP 		
TITLE NAME STREET ADDRESS CITY, ST, ZIP 		
TITLE NAME STREET ADDRESS CITY, ST, ZIP 		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 appointed to receive this report as required by Chapter 607, 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 authorized empowered.		
SIGNATURE: 		3/30/06 PMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #