

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J12460

Entity Name: HAPPY TALK, INC.

FILED
Jul 31, 2006
Secretary of State

Current Principal Place of Business:

15206 WINTERWIND DR
TAMPA, FL 33624 US

New Principal Place of Business:

16749-WHIRLEY RD
LUTZ, FL 33558 US

Current Mailing Address:

15206 WINTERWIND DR
TAMPA, FL 33624 US

New Mailing Address:

16749-WHIRLEY RD
LUTZ, FL 33558 US

FEI Number: 59-2692719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVINGSTON, CLIFTON A
201 EAST DAVIS BOULEVARD
TAMPA, FL 33606 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: UITERWYK, BONNIE L.,
Address: 15206 WINTERWIND DRIVE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: DUNLAP, BONNIE LOU,
Address: 16749-WHIRLEY RD
City-St-Zip: LUTZ, FL 33558

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

SIGNATURE: BONNIE DUNLAP

ODS

07/31/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date