


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 13, 2007 08:00 AM
Secretary of State**

DOCUMENT # K12571		
1. Entity Name HAPPY HISTORY, INC.		
Principal Place of Business PO BOX 880048 BOCA RATON, FL 33488		Mailing Address PO BOX 880048 BOCA RATON, FL 33488
DO NOT WRITE IN THIS SPACE		
		01062007 No Chg-P CR2E034 (11/05)
4. FEI Number 06-0947848		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
BRESLOW ARON 7683 ESTRELLA CIRCLE BOCA RATON, FL 33433		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRESLOW, ARON 7683 ESTRELLA CIR BOCA RATON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRESLOW, MARJORIE B.B. 7683 ESTRELLA CIR BOCA RATON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 empowered to execute 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 like empowered.		
SIGNATURE: <u>Aron Breslow - ARON BRESLOW</u> 4/11/07 561-483-8093 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

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04/23/07-80017-005 150.00

**DO NOT WRITE
IN THIS SPACE**