


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000110720		
1. Entity Name HAPPY WITH PAIN, LLC		
Principal Place of Business 1109 MUNSTER STREET ORLANDO, FL 32803 US	Mailing Address 1109 MUNSTER STREET ORLANDO, FL 32803 US	



01312008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5888583	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SOULSBY, EDWARD W ESQ.
1155 LOUISIANA AVENUE
100
WINTER PARK, FL 32789**

**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.

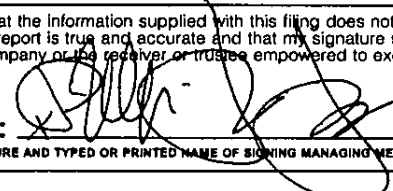
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, PHILLIP R 1109 MUNSTER STREET ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FULLER-JONES, ASHLEY H 1109 MUNSTER STREET ORLANDO, FL 32803
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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **PHILLIP A. JONES**
MANAGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/24/08 **407 8986732**
Date Daytime Phone #