2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L06000110720

Entity Name: HAPPY WITH PAIN, LLC

Current Principal Place of Business:

1109 MUNSTER STREET
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

1109 MUNSTER STREET
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 20-5888583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JONES, PHILLIP R
Address: 1109 MUNSTER STREET
City-St-Zip: ORLANDO, FL 32803 US

Title: MGR ( ) Delete
Name: FULLER-JONES, ASHLEY H
Address: 1109 MUNSTER STREET
City-St-Zip: ORLANDO, FL 32803 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JONES, PHILLIP R MR.
Address: 1109 MUNSTER STREET
City-St-Zip: ORLANDO, FL 32803 US

Title: MGR (X) Change ( ) Addition
Name: FULLER-JONES, ASHLEY H ASHLEY
Address: 1109 MUNSTER STREET
City-St-Zip: ORLANDO, FL 32803 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ASHLEY FULLER-JONES MRS. 04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date