


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90086 013 ***143.75

DOCUMENT # L07000118782 1. Entity Name THE HAPPINESS ANSWER, LLC			
Principal Place of Business 85 SE FOURTH AVENUE, STE. 109 DELRAY BEACH, FL 33483		Mailing Address 85 SE FOURTH AVENUE, STE. 109 DELRAY BEACH, FL 33483	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State _____		City & State _____	
Zip _____ Country _____		Zip _____ Country _____	
4. FEI Number 26-1150860		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent POLLAY, DAVID J 85 SE FOURTH AVENUE, STE. 109 DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLLAY, DAVID J 85 SE FOURTH AVENUE, STE. 109 DELRAY BEACH, FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Dawn L Pollay 85 SE 4th Avenue Ste 109 Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: _____		Date 3/25/08 Daytime Phone # _____	