

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118782

FILED
May 04, 2009
Secretary of State

Entity Name: THE HAPPINESS ANSWER, LLC

Current Principal Place of Business:

85 SE FOURTH AVENUE, STE. 109
DELRAY BEACH, FL 33483

New Principal Place of Business:

7 BEACHWAY NORTH
SUITE TWO
OCEAN RIDGE, FL 33435

Current Mailing Address:

85 SE FOURTH AVENUE, STE. 109
DELRAY BEACH, FL 33483

New Mailing Address:

7 BEACHWAY NORTH
SUITE TWO
OCEAN RIDGE, FL 33435

FEI Number: 26-1150860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

POLLAY, DAVID J
85 SE FOURTH AVENUE, STE. 109
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

POLLAY, DAVID J
7 BEACHWAY NORTH
SUITE TWO
OCEAN RIDGE, FL 33435 US

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: _____

05/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: POLLAY, DAVID J
Address: 85 SE FOURTH AVENUE, STE. 109
City-St-Zip: DELRAY BEACH, FL 33483

Title: CFO () Delete
Name: POLLAY, DAWN L
Address: 85 SE 4TH AVE STE 109
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: POLLAY, DAVID J
Address: 7 BEACHWAY NORTH SUITE TWO
City-St-Zip: OCEAN RIDGE, FL 33435

Title: CFO (X) Change () Addition
Name: POLLAY, DAWN L
Address: 7 BEACHWAY NORTH SUITE TWO
City-St-Zip: OCEAN RIDGE, FL 33435

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: DAWN L POLLAY

CFO

05/04/2009

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