



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90104 035 ****61.25

DOCUMENT # N00000002145 1. Entity Name IT'S HAPPENING DOWNTOWN, INC.																																																																																																																																																											
Principal Place of Business 247 E. PARK AVE. LAKE WALES, FL 33853			Mailing Address 247 E. PARK AVE. LAKE WALES, FL 33853																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																									
City & State		City & State		04242007 Chg-NP CR2E037 (12/06)																																																																																																																																																							
Zip		Country		4. FEI Number 59-3643696																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/>		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 PADGETT, SARAH 247 E. PARK AVE. LAKE WALES, FL 33853			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																																								
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.			FL Zip Code																																																																																																																																																								
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																											
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																							
Make check payable to Florida Department of State																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. 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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 617, 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: <i>Mary S. Tyler</i> 4-27-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																											