

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004309

FILED
Feb 21, 2007
Secretary of State

Entity Name: GERRIES HAPPY HOME INC.

Current Principal Place of Business:

804 E. BROAD STREET
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

804 E. BROAD STREET
TAMPA, FL 33604

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, GERALDINE
804 E. BROAD STREET
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

WELLS, GAILYNN
2437 PULASKI AVE
ORLANDO, FL 32818 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: GAILYNN WELLS

02/21/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PETERSON, GERALDINE
Address: 804 E. BROAD ST.
City-St-Zip: TAMPA, FL 33604

Title: V () Delete
Name: THOMAS, GWENDOLYN
Address: 7152 WRENWOOD CIRCLE
City-St-Zip: TAMPA, FL 33674

Title: S () Delete
Name: WILLIAMS, SHABRINA
Address: 708 E. BROAD ST.
City-St-Zip: TAMPA, FL 33604

Title: T () Delete
Name: WELLS, GAILYNN
Address: 2437 PULASKI AVE.
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALDINE PETERSON

PD

02/21/2007

Electronic Signature of Signing Officer or Director

Date