
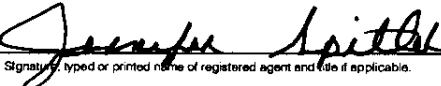
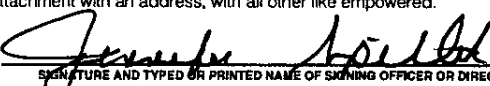


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90031 039 ****61.25

DOCUMENT # N99000006344 1. Entity Name MOMENTS OF HAPPINESS, INC.					
Principal Place of Business 5223 SEMINOLE COURT CAPE CORAL, FL 33904			Mailing Address 5223 SEMINOLE COURT CAPE CORAL, FL 33904		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0962593	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPITLER, JENNIFER 148 BAYSHORE DR. CAPE CORAL, FL 33904				Name JOHN & JENNIFER SPITLER Street Address (P.O. Box Number is Not Acceptable) 5223 SEMINOLE CT. CAPE CORAL, FL 33904 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  <small>Signature typed or printed name of registered agent and use if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE 2/5/04	
Filing Fee is \$61.25 Due by May 1, 2004		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPITLER, JENNIFER		NAME		
STREET ADDRESS	5223 SEMINOL CR		STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL, FL 33904		CITY - ST - ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPITLER, JOHN		NAME	JOHN & JENNIFER SPITLER	
STREET ADDRESS	148 BAYSHORE DR.		STREET ADDRESS	5223 SEMINOLE CT.	
CITY - ST - ZIP	CAPE CORAL, FL 33904		CITY - ST - ZIP	CAPE CORAL, FL 33904	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPITLER, BARBARA		NAME		
STREET ADDRESS	27091 HARBOUR DR		STREET ADDRESS		
CITY - ST - ZIP	BONITA SPRINGS, FL 33923		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 2/5/04		DAYTIME PHONE # 239-

540-4697