## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000059765

Entity Name: HAPPY FACES PREP SCHOOL, INC.

FILED Feb 02, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

3612 MCNEIL RD. APOPKA, FL 32703

Current Mailing Address: New Mailing Address:

3612 MCNEIL RD. 6326 CARRIE ANN CT. APOPKA, FL 32703 ORLANDO, FL 32819

FEI Number: 59-3725286 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN-KRUSE, JENNIFER T
5158 TWINE ST.

ORLANDO, FL 32821 US

BROWN-KRUSE, JENNIFER T
6326 CARRIE ANN CT.
ORLANDO, FL 32819 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: JENNIFER T. BROWN -KRUSE 02/02/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

PD ( ) Delete Title: PD (X) Change ( ) Addition
BROWN-KRUSE, JENNIFER T Name: BROWN-KRUSE, JENNIFER T

 Name:
 BROWN-KRUSE, JENNIFER T
 Name:
 BROWN-KRUSE, JENN

 Address:
 5158 TWINE ST.
 Address:
 6326 CARRIE ANN CT.

 City-St-Zip:
 ORLANDO, FL 32821
 City-St-Zip:
 ORLANDO, FL 32819

Title: STD Title: STD (X) Change ( ) Addition () Delete Name: KRUSE, DAVID L Name: KRUSE, DAVID L 5158 TWINE ST. Address: 6326 CARRIE ANN CT. Address: ORLANDO, FL 32819 ORLANDO, FL 32821 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER T. BROWN-KRUSE PD 02/02/2005