2006 FOR PROFIT CORPORATION

Jan 17, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P02000026112 HAPPY LAKES, INC. Mailing Address Principal Place of Business 2254 NOVA VILLAGE DRIVE 2254 NOVA VILLAGE DRIVE DAVIE, FL 33317 **DAVIE, FL 33317** 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3032376 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RILEY, VIVIEN 2254 NOVA VILLAGE DRIVE **DAVIE, FL 33317** IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when minstaling) 1100000389019 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 01/20/06-80027-013 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME RILEY, VIVIEN 2254 NOVA VILLAGE DRIVE STREET ADDRESS CXTY-ST-ZIP **DAVIE, FL 33317** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE me NAME STREET ADDRESS CITY-ST-ZIP सस ह NAME STREET ADDRESS CSTY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Plorida 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 cath; that I am an officer or director of the comparation or the receiver or trustee empowered to execute this report as required by Chapter 607, Plorida 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:

TITLE NAME STREET ADDRESS CITY-ST-71P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED