2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 21, 2009
Secretary of State

DOCUMENT# P02000085404

Entity Name: HAPPY PEOPLE CORP.

Current Principal Place of Business:

5460 N. STATE RD 7
SUITE 219
FORT LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

5460 N. STATE RD 7
SUITE 219
FORT LAUDERDALE, FL 33319

New Mailing Address:

FEI Number: 52-2370197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TEDJADINATA, LIANA
11596 NW 45TH STREET
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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: LIANA TEDJADINATA

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TEDJADINATA, LIANA
Address: 11596 NW 45TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP ( ) Delete
Name: TEDJADINATA, LIANA
Address: 11596 NW 45TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T ( ) Delete
Name: TEDJADINATA, LIANA
Address: 11596 NW 45TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S ( ) Delete
Name: TEDJADINATA, LIANA
Address: 11596 NW 45TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete
Name: TEDJADINATA, LIANA
Address: 11596 NW 45TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: C ( ) Delete
Name: TEDJADINATA, LIANA
Address: 11596 NW 45TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

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:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIANA TEDJADINATA PRES 05/21/2009

Electronic Signature of Signing Officer or Director Date