## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000114638

City-St-Zip:

FILED Jun 05, 2006 Secretary of State

Entity Nan	ne: BE HAP	PY, CORP.						
Current Principal Place of Business:				New Princi	New Principal Place of Business:			
#C 122-123	CHOBEE BI B M BEACH, F		US					
Current Ma	ailing Addre	ess:		New Mailir	New Mailing Address:			
5738 ALBERT RD. WEST PALM BEACH, FL 33415				4603 OKEECHOBEE BLVD. #C 122-123 WEST PALM BEACH, FL 33417 US				
FEI Number:	46-0504479	FEI Numb	per Applied For ( ) FE	El Number Not Appli	cable ( )	Certificate of St	atus Desired ( )	
Name and	Current Re	gistered Agent:	Name and	Name and Address of New Registered Agent:				
TAX HOUSE CORPORATION 1261 E SAMPLE RD POMPANO BEACH, FL 33064 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.								
SIGNATUR	łE:							
	Electro	onic Signatu	re of Registered Agent		Date			
Election Cam	ıpaign Financiı	ng Trust Fund	the corporation did not rec d Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( MARTINEZ, R 126 BALDWIN GREENACRE	N BLVD.		Title: Name: Address: City-St-Zip:	MARTINEZ, F 126 BALDWI	(X) Change ( ) Addit REGINA LUCIA C N BLVD. ES, FL 33463 US	ion	
Title: Name: Address: City-St-Zip:	PD ( MARTINEZ, AI 5738 ALBERT WEST PALM	ΓRD.	3415 US	Title: Name: Address: City-St-Zip:	PETROZZO, 126 BALDWI		ion	
Title: Name: Address:	(	) Delete		Title: Name: Address:		( ) Change (X) Addit OELHO, ESTER L N BLVD.	ion	

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

City-St-Zip:

GREENACRES, FL 33463 US

SIGNATURE: REGINA LUCIA C MARTINEZ PD 06/05/2006