


**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90007 047 \*\*\*150 00

<b>DOCUMENT # P04000115516</b> 1. Entity Name <b>HAPPY DAYZ OF PASCO, INC.</b>						<b>Secretary of State</b> 02-03-2006 90007 047 ***150.00	
Principal Place of Business <b>12401 US HWY 301 DADE CITY, FL 33525</b>				Mailing Address <b>12401 US HWY 301 DADE CITY, FL 33525</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
PD JENKINS, JUTHER M 12401 US HWY 301 DADE CITY, FO L33525				Change Addition			
VTD SMITH, DANIEL L 12401 US HWY 301 DADE CITY, FO L33525				Change Addition			
S RUCKER, DAWN 12401 US HWY 301 DADE CITY, FO L33525				Change Addition			
Delete				Change Addition			
Delete				Change Addition			
Delete				Change Addition			
Delete				Change Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <b>DANIEL L. SMITH</b>				Date: <b>01/18/06</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			