

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119516

FILED
Feb 01, 2005
Secretary of State

Entity Name: HAPPY LAND LEARNING CENTER, INC.

Current Principal Place of Business:

808 E OKALOOSA AVE
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

808 E OKALOOSA AVE
TAMPA, FL 33604

New Mailing Address:

FEI Number: 16-1681867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEREZ, ELIUD
808 E OKALOOSA AVE
TAMPA, FL 33604 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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEREZ, ELIUD
Address: 808 E OKALOOSA AVE
City-St-Zip: TAMPA, FL 33604

Title: S () Delete
Name: LOPEZ, ROSA
Address: 808 E OKALOOSA AVE
City-St-Zip: TAMPA, FL 33604

Title: T () Delete
Name: PEREZ, VILMA
Address: 808 E OKALOOSA AVE
City-St-Zip: TAMPA, FL 33604

Title: M () Delete
Name: BLAIR, SHARI
Address: 2413 38TH AVE
City-St-Zip: TAMPA, FL 33610

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:

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: ELIUD PEREZ

PRES

02/01/2005

Electronic Signature of Signing Officer or Director

Date