## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000159497

Entity Name: TRIPPY HIPPIE INC

FILED Apr 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7775 GREAT OAK DRIVE 6655 EMALYN CT

LAKE WORTH, FL 33467 US LAKE WORTH, FL 33467 US

Current Mailing Address: New Mailing Address:

7775 GREAT OAK DRIVE 6655 EMALYN CT

LAKE WORTH, FL 33467 US LAKE WORTH, FL 33467 US

FEI Number: 20-1918963 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NARON, ALENA
7775 GREAT OAK DRIVE
NARON, ALENA
6655 EMALYN CT

LAKE WORTH, FL 33467 US LAKE WORTH, FL 33467 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.

SIGNATURE: 04/13/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete
 Title:
 P
 ( X) Change ( ) Addition

 Name:
 NARON, ALENA

 Name:
 NARON, ALENA

 Address:
 7775 GREAT OAK DRIVE
 Address:
 6655 EMALYN CT

 City-St-Zip:
 LAKE WORTH, FL 33467 US
 City-St-Zip:
 LAKE WORTH, FL 33467 US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: NARON, ALENA Name: NARON, ALENA

Address: 7775 GREAT OAK DRIVE Address: 6655 EMALYN CT

City-St-Zip: LAKE WORTH, FL 33467 US City-St-Zip: LAKE WORTH, FL 33467 US

Title: S ( ) Delete Title: S (X) Change ( ) Addition

Name: NARON, ALENA Name: NARON, ALENA
Address: 7775 GREAT OAK DRIVE Address: 6655 EMALYN CT

City-St-Zip: LAKE WORTH, FL 33467 US City-St-Zip: LAKE WORTH, FL 33467 US

Title: T ( ) Delete Title: T (X) Change ( ) Addition

Name: NARON, ALENA Name: NARON, ALENA Address: 7775 GREAT OAK DRIVE Address: 6655 EMALYN CT

City-St-Zip: LAKE WORTH, FL 33467 US City-St-Zip: LAKE WORTH, FL 33467 US

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: ALENA NARON P 04/13/2005