

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90273 004 ***150.00

DOCUMENT # P05000134295					
1. Entity Name HAPPY CUSTOMERS INC.					
Principal Place of Business 245 NW 135 WAY PLANTATION, FL 33325			Mailing Address 245 NW 135 WAY PLANTATION, FL 33325		
2. Principal Place of Business - No P.O. Box # 855 CUMBERLAND TERR		3. Mailing Address 855 CUMBERLAND TERR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAVIDE FLORIDA		City & State DAVIDE, FLORIDA		4. FEI Number 20-3548836	
Zip 33325		Country BROWARD		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PETERS, JERRY 245 NW 135 WAY PLANTATION, FL 33325			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <input checked="" type="checkbox"/> 03/11/07 <small>Signature, typed or the address of the registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	P PETERS, JERRY 245 NW 135 WAY PLANTATION, FL 33325		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERS, JERRY 855 CUMBERLAND TERR DAVIDE, FLORIDA 33325	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			Date 03/11/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 03/11/07		