


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90074 021 ***150.00

DOCUMENT # P06000062422					
1. Entity Name HAPPY FRIDAY EVE, INC.					
Principal Place of Business 13099 LEXINGTON SUMMIT ST. ORLANDO, FL 32828			Mailing Address 13099 LEXINGTON SUMMIT ST. ORLANDO, FL 32828		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4813342	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOFTON, VIRGINIA L 1031 DISHMAN LOOP OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name Radene R Andersen Street Address (P.O. Box Number is Not Acceptable) 13099 Lexington Summit St City Orlando FL 32828		
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 Radene R Andersen <i>Radene R Andersen</i> DATE 4-29-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</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 ANDERSEN, RADENE R <input type="checkbox"/> Delete 13099 LEXINGTON SUMMIT ST. ORLANDO, FL 32828		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES FREDERICK, NICOLE <input type="checkbox"/> Delete 627 DROMEDARY COURT KISSIMMEE, FL 34759		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DILL, JILL <input type="checkbox"/> Delete 3417 CHATSWORTH LANE ORLANDO, FL 32812		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MILLS, CATHY <input type="checkbox"/> Delete 1904 GREENSIDE DRIVE KISSIMMEE, FL 34746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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	
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: <i>Radene R Andersen</i> Radene R Andersen			Date 4-29-07 Daytime Phone # 407-249-2916		