

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000081792

FILED
Jul 10, 2007
Secretary of State

Entity Name: THE HAPPY ORGANIZER, INC.

Current Principal Place of Business:

294 CAMELLIA STREET
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

294 CAMELLIA STREET
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 20-5332730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEROSA, STEFANI
294 CAMELLIA STREET
PALM BEACH GARDENS, FL 33410 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: DEROSA, STEFANI
Address: 294 CAMELLIA STREET
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: T/S (X) Delete
Name: DEROSA, STEFANI
Address: 294 CAMELLIA STREET
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: D (X) Delete
Name: DEROSA, STEFANI
Address: 294 CAMELLIA STREET
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: DEROSA, STEFANI L OWNER
Address: 294 CAMELLIA STREET
City-St-Zip: PALM BEACH GARDENS, FL 33410

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 exemption stated 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 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: STEFANI L DEROSA

OWNE

07/10/2007

Electronic Signature of Signing Officer or Director

Date