2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000065722

Entity Name: MAKEITHAPPENWORLDWIDE, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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1385 DREW ST APT 3 5103 CAPE COD DR CLEARWATER, FL 33755 US HOLIDAY, FL 34690 US

Current Mailing Address: New Mailing Address:

1385 DREW ST APT 3 5103 CAPE COD DR CLEARWATER, FL 33755 US HOLIDAY, FL 34690 US

FEI Number: 26-2960021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BECERRA, ALEC
1385 DREW ST APT 3
CLEARWATER, FL 33755
US

BECERRA, ALEC
5103 CAPE COD DR
HOLIDAY, FL 34690
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: 04/15/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete Name: BECERRA, ALEC

Address: 1385 DREW ST APT 3 City-St-Zip: CLEARWATER, FL 33755 US

 Title:
 D
 () Delete

 Name:
 BECERRA, ALEC

 Address:
 1385 DREW ST APT 3

 City-St-Zip:
 CLEARWATER, FL 33755 US

 Title:
 D
 () Delete

 Name:
 BECERRA, YENY

 Address:
 1385 DREW ST APT 3

Address: 1385 DREW STAPT 3
City-St-Zip: CLEARWATER, FL 33755 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition

Name: BECERRA, ALEC
Address: 5103 CAPE COD DR
City-St-Zip: HOLIDAY, FL 34690 US

Title: D (X) Change () Addition

Name: BECERRA, ALEC
Address: 5103 CAPE COD DR
City-St-Zip: HOLIDAY, FL 34690 US

Title: D (X) Change () Addition

 Name:
 BECERRA, YENY

 Address:
 5103 CAPE COD DR

 City-St-Zip:
 HOLIDAY, FL 34690 US

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: ALEC BECERRA P 04/15/2009