

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000001886

FILED
Mar 21, 2006
Secretary of State

Entity Name: HAPPY HANDS EARLY LEARNING CENTER, INC.

Current Principal Place of Business:

2411 E GRAVES
UNIT 24
ORANGE CITY, FL 32763

New Principal Place of Business:

3165 WOLF PACK RUN
DELTONA, FL 32738

Current Mailing Address:

2411 E. GRAVES
UNIT 24
ORANGE CITY, FL 32763

New Mailing Address:

3165 WOLF PACK RUN
DELTONA, FL 32738

FEI Number: 59-3352533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLMAKER, KATHY
2441 INDIA
DELTONA, FL 32738 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WELLMAKER, KATHY
Address: 329 PLANTATION CLUB DRIVE
City-St-Zip: DEBARY, FL 32713

Title: T () Delete
Name: MORALES, MARIA
Address: 2995 FOXBORO CIRCLE
City-St-Zip: DELTONA, FL 32738

Title: S () Delete
Name: WELLMAKER, STEVEN
Address: 329 PLANTATION CLUB DRIVE
City-St-Zip: DEBARY, FL 32713

Title: VP () Delete
Name: HELLER, FRED
Address: 329 PLANTATION CLUB DRIVE
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WELLMAKER, KATHY
Address: 2441 INDIA
City-St-Zip: DELTONA, FL 32738

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WELLMAKER, STEVEN
Address: 525 N. CARPENTER
City-St-Zip: ORANGE CITY, FL 32763

Title: VP (X) Change () Addition
Name: HELLER, FRED
Address: 2441 INDIA
City-St-Zip: DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHY WELLMAKER

P

03/21/2006

Electronic Signature of Signing Officer or Director

Date