2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000075198

FILED May 01, 2006 Secretary of State

| Entity Name: HAPPY TOURS INTERNATIONAL, INC. | | | | | | | |
|------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|-------------|--------------------------------------------------------------------|---------------|-------------------------------|----------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| 141 NE 3R MIAMI, FL | D AVE #401 33132 | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| 141 NE 3R MIAMI, FL | D AVE #401 33132 | | | | | | |
| FEI Number: | 65-0860419 | FEI Number Applied For () | FEI Nun | nber Not Appl | icable () | Certificate of Status Desired | 1() |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | |
| TAVARES, NIVALDO 273 NE 2 STREET SUITE 300 MIAMI, FL 33132 US | | | | TAVARES, NIVALDO 141 NE 3RD AVENUE 401 MIAMI, FL 33132 US | | | |
| | named entity | submits this statement for the p | urpose o | , | | | or both, |
| SIGNATURE: NIVALDO TAVARES | | | | 05/01/2006 | | | |
| | Electro | nic Signature of Registered Age | nt | | | Date | |
| Election Can | | 93(2)(b), F.S., the corporation did not og Trust Fund Contribution (). | t receive t | • | | TO OFFICERS AND DIR | ECTORS: |
| Title: Name: Address: City-St-Zip: | P (TAVARES, NIV 273 NE 2 STR MIAMI, FL 33 | EET STE 300 | | Title: Name: Address: City-St-Zip: | TAVARES, NIVA | ENUE, STE 401 | |
| Title: Name: Address: City-St-Zip: | V (DEMELLO, AN 912 MILAN AV CORAL GABLI | ENUE | | Title: Name: Address: City-St-Zip: | () | Change () Addition | |
| Title: Name: Address: City-St-Zip: | S (DEMELLO, PA 912 MILAN AV CORAL GABLI | ENUE | | Title: Name: Address: City-St-Zip: | () | Change () Addition | |

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: NIVALDO TAVARES Ρ 05/01/2006