

<b>SCC eFile</b>	<b>2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	216509301
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1.) CORPORATION NAME: <b>HEALTH, WEALTH AND HAPPINESS, INC.</b>	DUE DATE: <b>1/31/2016</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>LOWELL THOMAS FARMER          13709 LONG COVE PLACE          MIDLOTHIAN, VA</b>	SCC ID NO: <b>03862190</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>CHESTERFIELD COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14724 Sailboat Circle

CITY/ST/ZIP: MIDLOTHIAN, VA 23112

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LOWELL THOMAS FARMER TITLE: PRESIDENT ADDRESS: 13709 LONG COVE PLACE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WENDY LYNN FARMER TITLE: SECRETARY ADDRESS: 13709 LONG COVE PLACE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LOWELL THOMAS FARMER	LOWELL THOMAS FARMER, PRESIDENT	3/14/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.