2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State
01-31-2006 90016 008 ***150.00

DOCUMENT # P03000036460
1. Entity Name
WONDERPLANTS, INC.

Principal Place of Business	Mailing Address
4795 61 ST S LAKE WORTH, FL 33463	4795 61 ST S LAKE WORTH, FL 33463

01272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
12662 S.W. 107 STREET ROAD		12662 S.W. 107 STREET ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DUNNELLON, Fl		City & State: DUNNELLON, Fl	
Zip: 34432	Country: MARION	Zip: 34432	Country: MARION

4. FEI Number: 57-1167285 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALPOLE, J. HONIE
4795 61 ST S
LAKE WORTH, FL 33463

7. Name and Address of New Registered Agent

Name: WALPOLE J. HONIE
Street Address (P.O. Box Number is Not Acceptable): 12662 S.W. 107 STREET ROAD
City: DUNNELLON FL Zip Code: 34432

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: J Honie Walpole — DATE: 1/30/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALPOLE, J. HONIE 4795 61 ST S LAKE WORTH, FL 33463	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALPOLE J. HONIE 12662 S.W. 107 STREET ROAD DUNNELLON, Fl 34432	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Honie Walpole — Date: 1/30/06 — Daytime Phone #: 1-352-489-7334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR