


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90002 015 ***150.00

DOCUMENT # G91276 1. Entity Name THE WONDERFUL FAMILY USA, INC.	
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Principal Place of Business 25778 US HWY 19 N CLEARWATER, FL 33763 US <i>1802 WEATHERSTONE DR. SAFETY HARBOR FLA 34695</i>	Mailing Address 25778 US HWY 19 N CLEARWATER, FL 33763 US <i>1802 WEATHERSTONE DR. SAFETY HARBOR FLA 34695</i>
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54064536



07142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2396189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEI, KARIN
1802 WEATHERSTONE DR
SAFETY HARBOR, FL 34695

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MCDANIELS, MARGEE 301 ELDRIDGE ST. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST WEI, KARIN 2729 BELLE HAVEN DR. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **KARIN WEI** 7-15-04 727 799-1979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #