

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H44892

Entity Name: WONDERMASS IDEALAB, INC.

FILED
Apr 12, 2009
Secretary of State

Current Principal Place of Business:

PHILIP F. BONUS, PUC
115 E. CONCORD ST
ORLANDO, FL 32803

New Principal Place of Business:

PHILIP F. BONUS, PUC
1115 E. CONCORD ST
ORLANDO, FL 32803

Current Mailing Address:

PHILIP F. BONUS, PUC
115 E. CONCORD ST
ORLANDO, FL 32803

New Mailing Address:

PHILIP F. BONUS, PUC
1115 E. CONCORD ST
ORLANDO, FL 32803

FEI Number: 59-2508698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONUS, PHILIP F.
1115 E. CONCORD ST.
ORLANDO, FL 32803 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: DP () Delete
Name: HOOD, JACK BARNARD
Address: 111 TIMBERLAND TRACE
City-St-Zip: MADISON, AL 35757

Title: STD () Delete
Name: HOOD, BRENDA L.
Address: 111 TIMBERLAND TRACE
City-St-Zip: MADISON, AL 35757

Title: VP () Delete
Name: HOOD, RAVEN K.
Address: 111 TIMBERLAND TRACE
City-St-Zip: MADISON, AL 35757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: HOOD, JACK BARNARD

DP

04/12/2009

Electronic Signature of Signing Officer or Director

Date