


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90135 009 \*\*\*150.00

DOCUMENT # P0000052723

1. Entity Name  
 WONDER INNOVATIONS, INC.



Principal Place of Business      Mailing Address

4301 32ND STREET WEST UNIT C-11      4301 32ND STREET WEST UNIT C-11  
 LAKEWOOD BUSINESS PARK      LAKEWOOD BUSINESS PARK  
 BRADENTON, FL 34205      BRADENTON, FL 34205

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

4301 32nd Street West      4301 32nd Street West  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Suite C-10      Suite C-10

City & State      City & State

Bradenton, FL      Bradenton, FL

Zip      Country      Zip      Country

34205      USA      34205      USA

04292008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

80-0034220      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLMAN, PETER I  
 4301 32ND STREET WEST UNIT C-11  
 BRADENTON, FL 34205

7. Name and Address of New Registered Agent

Name      Peter I. Colman

Street Address (P.O. Box Number is Not Acceptable)  
 4301 32nd Street West, Suite C-10

City      Bradenton      FL      Zip Code      34205

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 Peter I. Colman      DATE 4-30-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLMAN, PETER I	NAME	
STREET ADDRESS	2818 52ND AVE. TERRACE WEST	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34207	CITY-ST-ZIP	
TITLE	D1 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, DONALD	NAME	
STREET ADDRESS	1034 POINT OF ROCKS RD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34242	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Peter I. Colman      Peter I. Colman, Director      DATE 4-30-08