


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
 LAKEWOOD BUSINESS PARK
 BRADENTON, FL 34205**

**4301 32ND STREET WEST UNIT C-11
 LAKEWOOD BUSINESS PARK
 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

TITLE	D <input type="checkbox"/> Delete
NAME	COLMAN, PETER I
STREET ADDRESS	2818 52ND AVE. TERRACE WEST
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	D1 <input type="checkbox"/> Delete
NAME	DUNCAN, DONALD
STREET ADDRESS	1034 POINT OF ROCKS RD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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** **4-30-08**