


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