

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052723

FILED
Apr 30, 2009
Secretary of State

Entity Name: WONDER INNOVATIONS, INC.

Current Principal Place of Business:

4301 32ND STREET WEST UNIT C-10
LAKEWOOD BUSINESS PARK
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

4301 32ND STREET WEST UNIT C-10
LAKEWOOD BUSINESS PARK
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 80-0034220 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLMAN, PETER I
4301 32ND STREET WEST UNIT C-10
BRADENTON, FL 34205 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: D () Delete
Name: COLMAN, PETER I
Address: 2818 52ND AVE. TERRACE WEST
City-St-Zip: BRADENTON, FL 34207

Title: D1 () Delete
Name: DUNCAN, DONALD
Address: 1034 POINT OF ROCKS RD
City-St-Zip: SARASOTA, FL 34242

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P () Change (X) Addition
Name: COLMAN, ELAINE R
Address: 2818 52ND AVE. TERRACE WEST
City-St-Zip: BRADENTON, FL 34207

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: ELAINE R. COLMAN

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date