2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 05-02-2005 90453 002 ***150.00 DOCUMENT # P01000020433 EARTH'S WONDER, CORP. Principal Place of Business Mailing Address 25251 SW 154 AVE. 25251 SW 154 AVE. HOMESTEAD, FL 33032 US HOMESTEAD, FL 33032 US 04012005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1110943 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONZALES, LEONOR DO NOT WRITE 8100 GENEVA CT #442 MIAMILEL 33166 IN THIS SPACE 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 arm familiar with, and accept the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstraing) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE **GONZALES, LEONOR** NAME STREET ADDRESS 25251 SW 154TH AVENUE CITY-ST-ZP HOMESTEAD, FL 33032 TITLE BAQUERO, JESUS NAME STREET ADDRESS 25251 SW 154TH AVENUE CITY-ST-ZIP HOMESTEAD, FL 33032 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP ππε NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

CITY-ST-ZIP

rkovor <u>sonza</u>lez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deveme Phone 6

FILED May 02, 2005 8:00 am