

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90218 020 ***150.00

DOCUMENT # P01000046317 1. Entity Name WONDER OF TRUTH, INC.					
Principal Place of Business 1764 TREE BLVD UNIT 1 ST AUGUSTINE, FL 32084			Mailing Address 225 BLUEBIRD LN ST. AUGUSTINE, FL 32080		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KEASLER, FRANK R JR HENDERSON KEASLER LAW FIRM, P.A. 4309 PABLO OAKS COURT STE 5 JACKSONVILLE, FL 32224			Name Keasler, Frank R. Jr Street Address (P.O. Box Number is Not Acceptable) Keasler Law Firm 10407 CENTURION PKWY-Suite 112 City JACKSONVILLE FL Zip Code 32256-0524		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	WARD, GAIL S		NAME		
STREET ADDRESS	225 BLUEBIRD LN		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNS, DAVID L		NAME		
STREET ADDRESS	1764 -1 TREE BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		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.			Please send renewal next year to 225 Bluebird Ln St. Augustine FL 32080		
SIGNATURE: <u>Gail A. Ward</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-24-06 <small>Date</small>		904-825-0118 <small>Daytime Phone #</small>