2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 28, 2006 8:00 am Secretary of State DOCUMENT # Pe1000121068 t. Entity Name 03-28-2006 90117 015 ***150.00 WONDERFUL PRODUCTS CORPORATION Principal Place of Business Mailing Address 8364 JENNIFER LANE SEMINOLE FL 33777 8364 JENNIFER LANE SEMINOLE FL 33777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 01-0567705 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARD T. DOWNES ACCOUNTING & TAX HELP, INC. 8668 PARK BLVD SUITE A SEMINOLE FI SEMINOLE 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. (RICHARAT. DOWNES SIGNATURE . (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 ... \$5.00 May Be Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TIFLE D TITLE ☐ Delete ☐ Change ☐ Addition DOWNES, RICHARD NAME. NAME STREET ADDRESS STREET ADDRESS 8364 JENNIFER LANE CITY-ST-ZIP SEMINOLE FL 33777 CITY-ST-ZIP TITLE ☐ Change TITLE Addition RICHARD T. DOWNER BEGY JENNIFER L NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11116 BHZ ___Change ☐ Addition ŘICHAAOT, DOWNI NAME NAME 8364 JENNIKER LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP BMIVOLE, FL. 33797 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition RICHARDT. DOWNES NAME NAME 8364 JUNNIFUR LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEMINULE, FL. 33777 CITY-ST-ZIP THLE TITLE ☐ Change ☐ Addition RIUMRO T. DOWNI NAME 8364 JOHNIFOR LANE STREET ADDRESS STREET ADDRESS SOMINALE, FL. 33707 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 LAMA (RICHAROT. DOWNES) D 3/16/06

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #