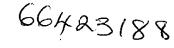
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 20, 2004 8:00 am Secretary of State DOCUMENT # P03000036460 04-09-2004 90067 032 ***150 00 1. Entity Name WONDERPLANTS, INC. Principal Place of Business Mailing Address 66423188 4795 61 ST S LAKE WORTH FL 33463 4795 61 ST S LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent The second second WALPOLE, J. HONIE 4795 61 ST S Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33463 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change WALPOLE, J. HONIE MALES MAME 4795 61 ST S STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33463 CITY - ST - ZIP COY-ST-7/P ☐ Delete ☐ Change Addition 3ID F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME. MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TILE NALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TID F ☐ Celete TITLE ☐ Change ☐ Addition 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 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 eath; that I am an officer or director of the corporation or this record to recute this report as required by Chapter 507, 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. WRLPOLE

FILED

betachment





wonderplants, 4795 - 61 St S, Lake Worth, Fl 33460 561-967-4486 and 967-4493 fax

5/18/04

Annual Reports Section Div of Corp's, FI State of Box 6327 Tallahassee, FI 32314

Re: wonderplants, inc.; your letter of 4/13/04, ref# (PO3000036460 (c) enclosed)

When I filed the annual report and enclosed my check to pay for 2004 I had someone else do this for me as I fell off the back of a semi tractor trailer and broke both long forearm bones of my right hand. I did enclose a notarized copy of my left-handed signature, as my right hand was un-useable. I do apologize that they didn't insert the new EIN #57-1:167285.

My son stopped by today to open mail and I discovered your letter. I, of course, immediately called the phone number on the letter and a Mr Gary was very helpful and nice. He advised me that if I explained that I was hospitalized from a severe injury your Dept would not charge me the late fee. So, I do hope that you will accept my corrected form for 2004 and not charge me the \$400. late fee.

Thanking you in advance,

J Honie Walpole 561 967 4486LL 967 4493fax

4795 - 61 St S, Lake Worth, FI 33463

Wsc/mylazdat/wonderplants/FIDeptDivCorpsLtrReqEin04Late051804

outachment



J Honie & Henry W Walpole, 4795 – 61 St S, Lake Worth, Fl 33460 66423/88
561-967-4486 and 967-4493 fax
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INJURY TO J HONIE WALPOLE RIGHT HAND LEFT HANDED SIGNATURE

Home wapore ?

3/30/04

wsc/mylaz/letterheads/H8-HLetterhead040704.doc 1

Barbara Re
Commission # DDI
Expires Nos 14.
Bonded Time
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