2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90016 008 ***150.00

DOCUMENT # P03000036460

1. Entity Name
WONDERPLANTS, INC.

Principal Place of Business	Mailing Address
4795 61 ST S LAKE WORTH, FL 33463	4795 61 ST S LAKE WORTH, FL 33463

2. Principal Place of Business	3. Mailing Address
12662 S.W. 107 STREET ROAD	12662 S.W. 107 STREET ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DUNNELLON, FL	City & State: DUNNELLON, FL
Zip: 34432 / Country: MARION	Zip: 34432 / Country: MARION

01272006 Chg-P CR2E034 (11/05)

4. FEI Number: 57-1167285 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALPOLE, J. HONIE 4795 61 ST S LAKE WORTH, FL 33463	Name: WALPOLE, J. HONIE Street Address (P.O. Box Number is Not Acceptable): 12662 S.W. 107 STREET ROAD City: DUNNELLON FL Zip Code: 34432

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: J. Honie Walpole — 1/30/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	D
NAME	WALPOLE, J. HONIE	NAME	WALPOLE, J. HONIE
STREET ADDRESS	4795 61 ST S	STREET ADDRESS	12662 S.W. 107 STREET ROAD
CITY-ST-ZIP	LAKE WORTH, FL 33463	CITY-ST-ZIP	DUNNELLON, FL 34432
	☐ Delete		☐ Change ☐ Addition
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addition

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.

SIGNATURE: J. Honie Walpole — 1/30/06 — 1-352-489-7334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #