


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000087011</b> 1. Entity Name <b>WONDU BP INC.</b>	
--	---

FILED

05 FEB 14 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02142005 Chg-P CR2E034 (10/03)

Principal Place of Business <b>502 W JEFFERSON ST QUINCY, FL 32351</b>		Mailing Address <b>502 W JEFFERSON ST QUINCY, FL 32351</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>04-3795124</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>GIRMA, DANIEL W 502 W JEFFERSON ST QUINCY, FL 32351</b>	7. Name and Address of New Registered Agent Name <b>EL GIZAW ELIZABETH</b> Street Address (P.O. Box Number is Not Acceptable) <b>502 W JEFFERSON ST</b> <b>QUINCY FL 32351</b> City <b>FL</b> Zip Code <b>32351</b>
---	---

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 *Elizabeth Gizaw* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIZAW, ELIZABETH</b>	NAME	<b>100046655181</b>
STREET ADDRESS	<b>911 RICHMOND ST., APT L</b>	STREET ADDRESS	<b>02/15/05--01052--011 **150.00</b>
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32304</b>	CITY-ST-ZIP	
TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIZAW-TESEMA, MINEMIA</b>	NAME	
STREET ADDRESS	<b>23505 BLUE STAR HWY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>QUINCY, FL 32351</b>	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 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: *Elizabeth Gizaw* 02-14-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #