2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2008 8:00 am Secretary of State DOCUMENT # P93000079779 04-14-2008 90041 025 ***150.00 1. Entity Name WONDERWOOD CORPORATION Principal Place of Business Mailing Address 40067613 1523 LANGLEY AVE 1523 LANGLEY AVE DELAND, FL 32724 DELAND, FL 32724 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 04042008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3214941 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HURSTON, ED Street Address (P.O. Box Number is Not Acceptable) 300 Bellingrath Terrace 1745 GLENWOOD ROAD DELAND, FL 32720-8. 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 real stered agent 4/5/08 SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE Change ☐ Addition HURSTON, ED NAME NAME 300 Bellingrath Terrace 1745 GLENWOOD ROAD STREET ADDRESS STREET ADDRESS CITY - ST - ZIP DELAND, FL 32720 CITY-ST-ZIP DeLand FL 32724 VPSD TITLE ☐ Delete TITLE Change Addition HURSTON, JOAN NAME NAME 300 Bellingrath Terroce STREET ADDRESS 1745 GLENWOOD ROAD STREET ADDRESS CITY+ST-ZIP **DELAND, FL 32720** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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: