2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 13, 2004 08:00 AM -- Secretary of State **DOCUMENT # P95000092986** 1. Entity Name WONDER LEASING, INC. Principal Place of Business Mailing Address 1048 OLEANDER ST 1048 OLEANDER ST LAKELAND, FL 33801 LAKELAND, FL 33801 02092004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3349915 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALKER, STEPHEN D DO NOT WRITE 1048 OLEANDER ST LAKELAND, FL 33801 IN THIS SPACE 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 famillar with, and accept the obligations of registered agent. SIGNATURE. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. U0000<mark>005074</mark>2 02/16/04-80023-012 150.00 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. Ð HILE WALKER, STEPHEN D STREET ADDRESS 2429 HIGHLANDS VUE PARKWAY CITY-ST-ZIP LAKELAND, FL 33813 317LE NAME KNOLL, RONALD M 1626 SIR HENRY'S TRL STREET ADDRESS LAKELAND, FL 33809 CSTY ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST-ZIP IN THIS SPACE NAME: STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 317LE NAME STREET ADDRESS CITY-ST-7IP

FILED