02/08/2008 01:27 4079963733 RM OSHAUGHNI

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Secretary of State
02-14-2008 90017 013 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

40024614

DOCUMENT # P99000048632

1. Entity Name
WONDERLAND INN, INC.

Principal Place of Business: ~~3601 S ORANGE BLOSSOM KISSIMMEE, FL 34746~~ 3601 S. ORANGE Kissimmee, FL 34746

Mailing Address: ~~3601 S ORANGE BLOSSOM KISSIMMEE, FL 34746~~ New mailing Address 3630 Miriam Drive Titusville, FL 32796

3630 Miriam Drive Titusville, FL 32796

2. Principal Place of Business No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

02012008 Chg-P CR2E034 (12/06)

4. FEI Number: 59-3573336 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

O'SHAUGHNESSY, ROSEMARIE
3601 S ORANGE BLOSSOM TRL
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable)
City FL 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) DATE

FILE NOW!!! Fee is $150.00
After May 1, 2008 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	
TITLE	~~DPST~~ DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	O'SHAUGHNESSY, ROSEMARIE W		NAME	
STREET ADDRESS	3601 S ORANGE BLOSSOM TRL		STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34746		CITY-ST-ZIP	
TITLE	DST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JUDITH R. PAHMEIER		NAME	
STREET ADDRESS	3630 MIRIAM DRIVE		STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 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: Rosemarie O'Shaughnessy 2-11-08
(SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #