

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003203

FILED  
Feb 29, 2008  
Secretary of State

Entity Name: OUAGANET INC.

## Current Principal Place of Business:

7840 GLASCOW DR  
NEW PORT RICHEY, FL 34653

## New Principal Place of Business:

## Current Mailing Address:

7840 GLASCOW DR  
NEW PORT RICHEY, FL 34653

## New Mailing Address:

FEI Number: 11-3737328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZIO, LUC  
7840 GLASCOW DR  
NEW PORT RICHEY, FL 34653 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ZIO, LUC  
Address: 7840 GLASCOW DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D (X) Delete  
Name: ISSAH, MOHAMMED  
Address: 100 N 1350 W APT 12  
City-St-Zip: VERNAL, UT 84078

Title: D ( ) Delete  
Name: SANGARE, SEKOU  
Address: 809 ROBINSON STREET  
City-St-Zip: EL DORADO, AR 71730

Title: VP ( ) Delete  
Name: BALIMA, ISSAKA  
Address: B.P. 4733 S/C BALIMA LABRANE  
City-St-Zip: OUAGADOUGOU, BURKINA FASO, BF 4733 BF

Title: D ( ) Delete  
Name: NANA, ISABELLE S  
Address: 401 ROSEMONT AVENUE  
City-St-Zip: FREDERICK, MD 21701

Title: D ( ) Delete  
Name: OUANGRE, GUILLAUME  
Address: 01 BP 1350 OUAGADOUGOU 01  
City-St-Zip: OUAGADOUGOU, BF 1350 BF

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUC ZIO

P

02/29/2008

Electronic Signature of Signing Officer or Director

Date