

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003203

FILED
Apr 30, 2009
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 () 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: D (X) Change () Addition
Name: SANGARE, SEKOU
Address: 301 MOREWOOD # 1023
City-St-Zip: EL DORADO, AR 71730

Title: D (X) Change () Addition
Name: DIPAMA, ISSAKA
Address: 02 B.P. 5325 02
City-St-Zip: OUAGADOUGOU, BURKINA FASO, BF

Title: D (X) Change () Addition
Name: ISSAH, MAHAMUD S
Address: 2643 BASSWOOD DR
City-St-Zip: GRAND PRAIRIE, TX 75052

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

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date