


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90095 002 \*\*\*150.00

**DOCUMENT # V44976**  
 1. Entity Name  
**WONO CANADA, INC.**



Principal Place of Business      Mailing Address  
**6080 PARENT**      **6080 PARENT**  
**BROSSARD QUEBEC J421K5**      **BROSSARD QUEBEC J421K5**  
**CANADA, J4W- -K5 XX**      **CANADA,      XX**

**60037599**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

04272006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3129281**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**LANGELIER, MAURICE**      Name  
**909 SYMPHONY BEACH LANE**      Street Address (P.O. Box Number is Not Acceptable)  
**APOLLO BEACH, FL 33572**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**      9. Election Campaign Financing      **\$5.00 May Be**  
**After May 1, 2006 Fee will be \$550.00**      Trust Fund Contribution.            **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WOU, JOHN</b> <b>6080 PARENT, BROSSARD</b> <b>QUEBEC, CA j4w 1k5</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STV</b> <b>SAI-ON NGO, JACK</b> <b>6080 PARENT, BROSSARD</b> <b>QUEBEC, CA j4w 1k5</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *N. J. P. Wou***      **MAY 1 '2006**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #