


**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90827 009 \*\*\*150.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # V44976</b> 1. Entity Name WONO CANADA, INC.		
Principal Place of Business 6080 PARENT BROSSARD QUEBEC J4W1K5 CANADA, J4W-1K5 XX		Mailing Address 6080 PARENT BROSSARD QUEBEC J4W1K5 CANADA, XX
2. Principal Place of Business - No P.O. Box # <b>6080 PARENT</b>		3. Mailing Address Suite, Apt. #, etc. <b>SAME</b>
Suite, Apt. #, etc. <b>BROSSARD</b>		Suite, Apt. #, etc. <b>SAME</b>
City & State <b>Quebec</b>		City & State City & State
Zip <b>J4W1K5</b>	Country <b>CANADA</b>	4. FEI Number <b>59-3129281</b>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent  LANGELIER, MAURICE 909 SYMPHONY BEACH LANE APOLLO BEACH, FL 33572		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOU, JOHN 6080 PARENT, BROSSARD QUEBEC, CA j4w 1k5	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV SAI-ON NGO, JACK 6080 PARENT, BROSSARD QUEBEC, CA j4w 1k5	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: X <i>[Signature]</i> JACK NGO		Date: April 24 '07 (450) 672-0129

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