


**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 <b>WONO CANADA, INC.</b>			
Principal Place of Business <b>6080 PARENT BROSSARD QUEBEC J4W1K5 CANADA, J4W-1K5 XX</b>		Mailing Address <b>6080 PARENT BROSSARD QUEBEC J4W1K5 CANADA, XX</b>	
2. Principal Place of Business - No P.O. Box # <b>6080 PARENT</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>BROSSARD</b>		Suite, Apt. #, etc. <b>SAME</b>	
City & State <b>Quebec</b>		City & State	
Zip <b>J4W1K5</b>	Country <b>CANADA</b>	Zip	Country
4. FEI Number <b>59-3129281</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LANGELIER, MAURICE 909 SYMPHONY BEACH LANE APOLLO BEACH, FL 33572</b>		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 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOU, JOHN</b>	NAME	
STREET ADDRESS	<b>6080 PARENT, BROSSARD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>QUEBEC, CA j4w 1k5</b>	CITY-ST-ZIP	
TITLE	STV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAI-ON NGO, JACK</b>	NAME	
STREET ADDRESS	<b>6080 PARENT, BROSSARD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>QUEBEC, CA j4w 1k5</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>X</b> <i>[Signature]</i> <b>JACK NGO</b>		Date: <b>April 24 '07 (450) 672-0129</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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