


**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90238 021 \*\*\*150.00

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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



Principal Place of Business      Mailing Address  
**6080 PARENT**      **6080 PARENT**  
**BROSSARD**      **BROSSARD**  
**QUEBEC, CA J4-w1k5 XX**      **QUEBEC, CA J4-w1k5 XX**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

**LANGELIER, MAURICE**  
**909 SYMPHONY BEACH LANE**  
**APOLLO BEACH, FL 33572**

**40096456**



04162008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-3129281**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

I, the above named entity submit 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WOU, JOHN</b>	
STREET ADDRESS	<b>6080 PARENT, BROSSARD</b>	
CITY-ST-ZIP	<b>QUEBEC, CA J4w 1k5</b>	
TITLE	<b>STV</b>	<input type="checkbox"/> Delete
NAME	<b>BAHON NGO, JACK</b>	
STREET ADDRESS	<b>6080 PARENT, BROSSARD</b>	
CITY-ST-ZIP	<b>QUEBEC, CA J4w 1k5</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED WITH THIS FORM DOES NOT VIOLATE THE PROVISIONS 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 REGISTERED OR INVOLVED EMPLOYEES TO ENSURE THIS REPORT AS REQUIRED BY CHAPTER 997, 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 EMPLOYEES.

**SIGNATURE:** *[Signature]*      **April 28, 2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR