


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

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	WOU, JOHN	6080 PARENT, BROSSARD	QUEBEC, CA J4w 1k5				
STV	BAHON NGO, JACK	6080 PARENT, BROSSARD	QUEBEC, CA J4w 1k5				

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