

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.



40096456

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

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

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 _____
5. Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be
After May 1, 2008 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	P WOU, JOHN 8080 PARENT, BROSSARD QUEBEC, CA J4W 1K5	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	STV BAHON NGO, JACK 8080 PARENT, BROSSARD QUEBEC, CA J4W 1K5	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: **April 28, 2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR