


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000071179		
1. Entity Name SPA KING, INC.		

FILED

2007 JUN -5 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06012007 Chg-P CR2E034 (12/06)

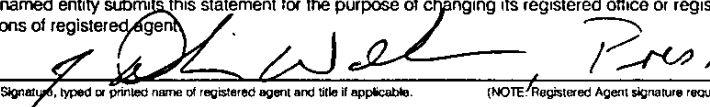
Principal Place of Business 600 NW 75 STREET #A GAINESVILLE, FL 32607	Mailing Address 600 NW 75 STREET #A GAINESVILLE, FL 32607
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2. Principal Place of Business - No P.O. Box # 600 NW 75TH ST. # B	3. Mailing Address 5745 SW 75th ST
Suite, Apt. #, etc. # B	Suite, Apt. #, etc. # 229
City & State GAINESVILLE, FL.	City & State GAINESVILLE FL 32608
Zip 32607	Country ALACHUA

4. FEI Number 59-3421882	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

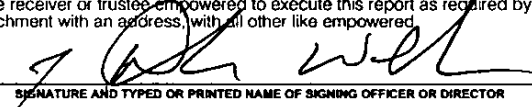
6. Name and Address of Current Registered Agent WOLTERS, DUSTON J 600 NW 75 STREET #A GAINESVILLE, FL 32607	
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7. Name and Address of New Registered Agent Name J. DUSTON WOLTERS Street Address (P.O. Box Number is Not Acceptable) 600 NW 75th STREET # B City GAINESVILLE FL Zip Code 32607	
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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: 	5/31/07
(NOTE: Registered Agent signature required when reinstating)	

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS WOLTERS, JOE D 600 NW 75 STREET #A GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS WOLTERS, JOE D. 600 NW 75 STREET # B GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200104108662 06/08/07--01013--015 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	5/31/07 352-281-5675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

6/7/07