


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000101431</b> 1. Entity Name <b>SPA AQUA SANTA, INC.</b>	
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Principal Place of Business <b>419-421 N.E. 2ND AVE HALLANDALE FL 33009 US</b>	Mailing Address <b>419-421 N.E. 2ND AVE HALLANDALE FL 33009 US</b>
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2. Principal Place of Business <i>SAME AS ABOVE</i> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE      CR2E034 (10/05)

City & State	City & State	4. FEI Number <b>65-0882241</b>
Zip	Country	Zip
		Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	Applied For Not Applicable
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**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  <b>EVEREST, IDA 454 N.E. 4TH STREET BOCA RATON FL 33432</b>
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7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete EVEREST, IDA 421 N.E. 2ND AVE HALLANDALE BCH FL 33009
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	
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"/> Add
NAME	
STREET ADDRESS	U00000448164 03/09/06-80002-025 158.75
CITY - ST - ZIP	
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *IDA EVEREST* IDA EVEREST. 2/26/06. 901305682