2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2008
Secretary of State

DOCUMENT# P01000095936

Entity Name: SPA - DELARISSA, INC.

Current Principal Place of Business:

8370 BIG ACORN CIRCLE #1402
NAPLES, FL 34119

New Principal Place of Business:

8370 BIG ACORN CIRCLE
1402
NAPLES, FL 34119

Current Mailing Address:

8370 BIG ACORN CIRCLE #1402
NAPLES, FL 34119

New Mailing Address:

FEI Number: 59-3756506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMOLEN, LARISSA
8370 BIG ACORN CIR.
#1402
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: OP ( ) Delete
Name: SMOLEN, LARISSA
Address: 1170 3RD ST SOUTH, SUITE B-200
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OP (X) Change ( ) Addition
Name: SMOLEN, LARISSA
Address: 8370 BIG ACORN CIRCLE # 1402
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARISSA SMOLEN OP 03/16/2008

Electronic Signature of Signing Officer or Director — Date