2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# P02000115341

Entity Name: SPA ROYALE, INC.

Current Principal Place of Business:

618 NW 60TH STREET
SUITE B
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

618 NW 60TH STREET
SUITE B
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 76-0718704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, MARIA T PRES
618 NW 60TH STREET, SUITE B
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

DAVIS, MARIA T PSTD
618 NW 60TH STREET, SUITE B
GAINESVILLE, FL 32607 US

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: MARIA DAVIS 02/18/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DAVIS, MARIA T
Address: P.O. BOX 141225
City-St-Zip: GAINESVILLE, FL 32614

Title: VP (X) Delete
Name: DAVIS, MARIA T
Address: P.O.BOX 141225
City-St-Zip: GAINESVILLE, FL 32614

Title: S (X) Delete
Name: VAZQUEZ, MARIA E
Address: 12306 WEST UNIVERSITY AVE
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: DAVIS, MARIA T PSTD
Address: 618 NW 60TH STREET, SUITE B
City-St-Zip: GAINESVILLE, FL 32607

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARIA DAVIS PSTD 02/18/2009
Electronic Signature of Signing Officer or Director Date