

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000010848

Entity Name: CHARIOT SPA, INC.

FILED
Aug 03, 2005
Secretary of State

Current Principal Place of Business:

3695 MURRELL RD
STE #2
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

3695 MURRELL RD
STE #2
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 54-2102060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, RONNIE S
3695 MURRELL RD
STE #2
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

SHAPIRO, MADELINE M
3695 MURRELL RD
STE #2
ROCKLEDGE, FL 32955 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: MADELINE M. SHAPIRO

08/03/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COX, RONNIE S
Address: 4180 PADDINGTON ST
City-St-Zip: COCOA, FL 32926

Title: ST (X) Delete
Name: COX, ORVILLE L
Address: 4180 PADDINGTON ST
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHAPIRO, MADELINE M
Address: 905 SHAW CIRCLE
City-St-Zip: MELBOURNE, FL 32940

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MADELINE M. SHAPIRO

P

08/03/2005

Electronic Signature of Signing Officer or Director

Date