2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# P03000116488

Entity Name: SPATIQUE, INC.

Current Principal Place of Business:

9858 CLINT MOORE RD.
C-117
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

9858 CLINT MOORE RD.
C-117
BOCA RATON, FL 33496

New Mailing Address:

16850 JOG RD.
#106
DELRAY BEACH, FL 33446 US

FEI Number: 20-0458475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIETRUNTI, TRACEY A PD
9858 CLINT MOORE RD.
C-17
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

ARONESTY, SCOTT H PRES.
9858 CLINT MOORE RD.
C-17
BOCA RATON, FL 33496 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: SCOTT ARONESTY 07/05/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PIETRUNTI, TRACEY
Address: 9858 CLINT MOORE RD. SUITE C-117
City-St-Zip: BOCA RATON, FL 33496

Title: VPD (X) Delete
Name: SCOTT, ARONESTY
Address: 9858 CLINT MOORE RD. SUITE C-117
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ARONESTY, SCOTT H PRES.
Address: 9858 CLINT MOORE RD. SUITE C-117
City-St-Zip: BOCA RATON, FL 33496

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: SCOTT ARONESTY PRES 07/05/2007
Electronic Signature of Signing Officer or Director Date