2004 FOR PROFIT CORPORATION

FILED Mar 29, 2004 08:00 AN Secretary of State

. ANNUAL REPURI				<u> </u>	- Mar	29. 2004 08	:00
DOCUMENT # P9500003432 1. Entity Name SPA DIRECTIONS, INC.				Secretary of State			
Principal Plac 2700 70TH S NAPLES, FL		Mailing Address 2700 70TH ST SW NAPLES, FL 34105-7220 US		l complete mine from	. 1812: Allte Agill Safet Sa	(4) 李明(4) 新春(8年)344 8) 李雪葉 [15] 『 分析(3年)	ii tesi
DO NOT WRITE IN THIS SPA			CE	03252004	No Chg-P	CR2E034 (10/03)	
				4. FEI Number 65-054		Applied Not Ap	d For plicable
			Editor Carton	5. Certificate	of Status Desired	\$8.75 Addition Fee Required	eal
	6. Name and Address of Current R	egistered Agent					
SCHUCH, MATTHEW F 2700 70TH ST SW				DO	NOT W	RITE	
NAPLES, I	FL 34105			IN T	THIS SF	PACE	
	named entity submits this statement for ions of registered agent.	the purpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Fi	orida, I am familiar with, and	accept
SIGNATURE_		<u> </u>		<u> </u>	<u>= 14 10</u>		
	Signature, typed or profed name of segustered agent an	d title if applicable. (NOTE, Registere	d Agent aignature requires	when remetating)		DATE	-1
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 P. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees	00000 03/29/04	0098728 -80052-011 158.	.75
IITLE	PTSD OFFICERS AND D	IRECTORS	1				
NAME STREET ADDRESS	SCHUCH, MATTHEW F 2700 70TH ST SW						
CATY-ST-ZIP	NAPLES, FL 34105		1				
TITLE NAME							
STREET ADDRESS City-St-Zip			1				
TITLE		<u> </u>					
NAME STREET ADDRESS				50	NOT 18		
CITY-57-ZIP		<u></u>	↓		NOT W		
TITLE NAME			1	IN .	THIS SI	PACE	
STREET ADDRESS CITY-ST-ZIP			1				
IME			1	· -	-		
NAME Street address			1				
CITY-ST-ZIP		<u></u>	1				
TITLE NAME			1				
STREET ADDRESS CITY-ST-ZIP		_	l			e e je	

12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same logal 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 amprovered.

SIGNATURE: _

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

25/04 (239) 59/502 Data Devime Phone #