

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214500476				
1.) CORPORATION NAME: CLOUD 9 SPA, INC.		DUE DATE: 1/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: YOGINDER SHARMA 6530 LEE VALLEY DRIVE APT 202 SPRINGFIELD, VA		SCC ID NO: 07038664				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
4.) STATE OR COUNTRY OF INCORPORATION: VA						
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 9310A OLD KEENE MILL RD CITY/ST/ZIP: BURKE, VA 22015						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: YOGINDER SHARMA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
TITLE: D						
ADDRESS: 6530 LEE VALLEY AVE #202						
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22150						
NAME: POONAM SHARMA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
TITLE: DIRECTOR						
ADDRESS: 6530 LEE VALLEY DR #202						
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22150						
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ YOGINDER SHARMA	YOGINDER SHARMA, D	11/24/2013				
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						