

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727617

FILED
Mar 19, 2007
Secretary of State

Entity Name: THE UNITED STATES DENTAL TENNIS ASSOCIATION, INC.

Current Principal Place of Business:

3931 BAY SHORE ROAD
SARASOTA, FL 34234 US

New Principal Place of Business:

Current Mailing Address:

3931 BAY SHORE ROAD
SARASOTA, FL 34234 US

New Mailing Address:

FEI Number: 23-7313401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KENWORTHY, D.J. DDS
3931 BAY SHORE ROAD
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEFELICE, RALPH
Address: 5283 N KASHONG PT
City-St-Zip: GENEVA, NV 07739

Title: VP () Delete
Name: KAWAN, LUCIAN
Address: 177 MAIN STREET
City-St-Zip: E BRUNSWICK, NJ 08816

Title: 1STO () Delete
Name: HOESLI, HANNA
Address: 7060 HOLLYWOOD #400
City-St-Zip: HOLLYWOOD, CA 90028

Title: ST () Delete
Name: SWEENY, MARK
Address: 3305 NORTHLAND #575
City-St-Zip: AUSTIN, TX 78731

Title: 2ND () Delete
Name: BIGGS, ANDREW
Address: 3810 CENDW LANE
City-St-Zip: SPOKANE, WA 99208

Title: ED () Delete
Name: KENWORTHY, SHARON
Address: 3931 BAY SHORE RD
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON KENWORTHY

Electronic Signature of Signing Officer or Director

DIRE

03/19/2007

_____ Date