

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 12, 2006  
Secretary of State**

DOCUMENT# N01000000863

Entity Name: TENNIS-4-EVERYONE, INC.

**Current Principal Place of Business:**

415 E INTENDENCIA ST  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

415 E INTENDENCIA ST  
PENSACOLA, FL 32502

**New Mailing Address:**

FEI Number: 59-3697411      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALKINS, RITA M  
415 E INTENDENCIA ST  
PENSACOLA, FL 32502      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: D      ( ) Delete  
Name: CALKINS, RITA M  
Address: 415 E INTENDENCIA ST  
City-St-Zip: PENSACOLA, FL 32502

Title: D      ( ) Delete  
Name: SMITH, MICHAEL L  
Address: 862 BERKLEY DRIVE  
City-St-Zip: PENSACOLA, FL 325032327

Title: D      ( ) Delete  
Name: DOTSON, EDWARD  
Address: 800 SHORELINE DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D      (X) Change ( ) Addition  
Name: DOTSON, EDWARD  
Address: 415E. INTENDENCIA STREET  
City-St-Zip: PENSACOLA, FL 32502

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: RITA M. CALKINS

D

02/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date