,2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AN Secretary of State DOCUMENT # P35297 1. Entity Name TENNIS FANTASY, LTD., INC. Principal Place of Business Mailing Address 4674 TREE FERN DR. 4674 TREE FERN DR. DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 04182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 23-2291738 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STERN, MORTON DO NOT WRITE 4674 TREE FERN DR. DELRAY BEACH, FL 33445 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 13. OFFICERS AND DIRECTORS TITLE STERN, MORTON NAME STREET ADDRESS 4674 TREE FERN DR. U00000557368 05/17/06-80048-003 150.00 DELRAY BEACH, FL 33445 CITY - ST - ZIP TITLE STERN, MARILYN I. NAME STREET ADORESS 4674 TREE FERN DR CITY-ST-ZIP DELRAY BEACH, FL 33445 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP