2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# N00000007080

Entity Name: ADVANTAGE TAMPA BAY TENNIS, INC.

Current Principal Place of Business:

PO BOX 183
TAMPA, FL 33601

New Principal Place of Business:

8619 THIMBLEBERRY LN
TAMPA, FL 33635

Current Mailing Address:

PO BOX 183
TAMPA, FL 33601

New Mailing Address:

FEI Number: 59-3738859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JACKSON, GARY
104 S HIMES AVE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

TRAVIS, MICHAEL
3028 CASCADE DR.
CLEARWATER, FL 33761 US

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: MICHAEL TRAVIS 05/02/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: BROWN LEE, BRUCE
Address: 808 S. BOULEVARD
City-St-Zip: TAMPA, FL 33606

Title: DS ( ) Delete
Name: JACKSON, GARY
Address: 104 S HIMES AVE
City-St-Zip: TAMPA, FL 33609

Title: DT ( ) Delete
Name: BRENNEMAN, TODD
Address: 8619 THIMBLEBERRY LN
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition
Name: PEER, ERIC
Address: 701 S HORWARD AVE.
City-St-Zip: TAMPA, FL 33606

Title: DS (X) Change ( ) Addition
Name: TRAVIS, MICHAEL
Address: 3028 CASCADE DR.
City-St-Zip: CLEARWATER, FL 33761

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

I hereby certify that the information supplied with this filing does not qualify 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: TODD BRENNEMAN DT 05/02/2007
Electronic Signature of Signing Officer or Director — Date