


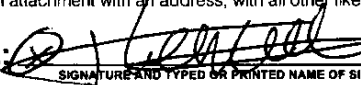



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90031 017 ***150.00

DOCUMENT # P01000107869 1. Entity Name LE PETIT TENNIS, INC.					
Principal Place of Business 102 NE 2ND STREET BOCA RATON, FL 33432			Mailing Address 102 NE 2ND STREET BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box # 102 NE 2nd Street		3. Mailing Address 102 NE 2nd Street			
Suite, Apt. #, etc. Suite 356		Suite, Apt. #, etc. Suite 356			
City & State Boca Raton, FL		City & State Boca Raton, FL			
Zip 33432	Country U.S.	Zip 33432	Country U.S.	4. FEI Number 65-1156405	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FLEURIAN, JEAN-PHILIPPE 102 NE 2ND STREET BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Jean-Philippe Fleurian Street Address (P.O. Box Number is Not Acceptable) 102 NE 2nd Street Suite 356 City Boca Raton FL Zip Code 33432		
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  Jean-Philippe Fleurian, PR  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FLEURIAN, JEAN-PHILIPPE <input type="checkbox"/> Delete 102 NE 2ND STREET BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Fleurian, Jean-Philippe <input type="checkbox"/> Change <input type="checkbox"/> Addition 102 NE 2nd Street Suite 356 Boca Raton, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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:  Jean-Philippe Fleurian <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 03/07/07  Daytime Phone # (561) 829-7168		