2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P03000092163 FLORIDA TENNIS ACADEMY, INC. Principal Place of Business Mailing Address 3737 S TUTTLE AVE 3737 S TUTTLE AVE SARASOTA, FL 34239 SARASOTA, FL 34239 DO NOT WRITE IN THIS SPACE 5. Name and Address of Current Registered Agent MONVILLE, CAROL 3737 S TUTTLE AVE SARASOTA, FL 34239

FILED Apr 30, 2007 08:00 All Secretary of State

| 3737 S TUT SARASOTA, 1 | | 3737 S TUTTLE AVE SARASOTA, FL 34239 | | | | 11 115 91153 1 447 1 01 51 18 9 1 |
|---|---|---|-------------------------------|---|--------------------------------|--|
| DO NOT WRITE IN THIS SPACE | | | | 04262007 No Chg 4. FEI Number 20-0169419 5. Certificate of Status Dec | -P CR2E034 | |
| 6. Name and Address of Current Registered Agent MONVILLE, CAROL 3737 S TUTTLE AVE SARASOTA, FL 34239 | | | DO NOT WRITE IN THIS SPACE | | | |
| the obligate SIGNATURE. | named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and title E NOWILL FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | | d Agent signature required | | e of Florida. I am fan DATE | niliar with, and accept |
| TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRE P MONVILLE, CAROL 3737 S TUTTLE AVENUE SARASOTA, FL 34239 | CTORS | | | 0000741863 707-80047-0 | 07 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO NOT IN THIS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | , , | | | |

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:

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

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

47607

Daylime Phone #