
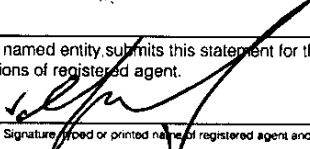
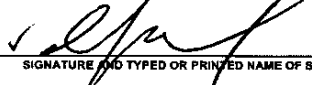


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90112 014 ***150.00

DOCUMENT # P05000070734					
1. Entity Name TENNIS HOME PRO CORP					
Principal Place of Business 350 85 STREET APT 12A MIAMI BEACH, FL 33141			Mailing Address 350 85 STREET APT 12A MIAMI BEACH, FL 33141		
2. Principal Place of Business - No P.O. Box # 1077 N.W. 83RD AVE.			3. Mailing Address 1077 N.W. 83RD AVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State PLANTATION FL.			City & State PLANTATION FL.		
Zip 33322		Country		Zip 33322	
				Country	
4. FEI Number 81-0672165				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, ELDON 350 85 STREET APT 12A MIAMI BEACH, FL 33141			7. Name and Address of New Registered Agent		
			Name ELDON JONES		
			Street Address (P.O. Box Number is Not Acceptable) 1077 N.W. 83RD AVE		
			City PLANTATION		
			FL Zip Code 33322		
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  DATE 04/27/07					
(NOTE: Registered Agent signature required when reinstating)					
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	P JONES, ELDON 350 85 STREET APT 12A MIAMI BEACH, FL 33141	<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	
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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:  DATE 04/27/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
ELDON JONES					