

2008 FOR PROFIT CORPORATION ANNUAL REPORT

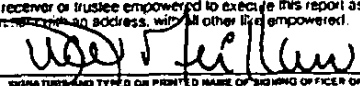
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Entity Name INTERNATIONAL TENNIS ACADEMY USA, INC.																																																																																																																																																															
Principal Place of Business 651 EGRET CR DELRAY BEACH, FL 33444		Mailing Address 651 EGRET CR DELRAY BEACH, FL 33444																																																																																																																																																													
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																													
City & State		City & State																																																																																																																																																													
Zip	Country	Zip	Country																																																																																																																																																												
02112008		Chg-P CR2E034 (12/06)																																																																																																																																																													
4. FEI Number 65-0839696		Applied For Not Applicable																																																																																																																																																													
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required																																																																																																																																																													
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																																																																																																																																																													
MEILLEUR, LUCE 651 EGRET CIR DELRAY BEACH, FL 33444		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																													
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 _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not mailing)																																																																																																																																																															
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$880.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																																													
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																																													
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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. I am not a director, officer, receiver, or trustee of the corporation.																																																																																																																																																															
SIGNATURE: 		2.11.2008 (560) 279-7788																																																																																																																																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date																																																																																																																																																													

ATTACHMENT

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P	Karel Fromel	President
VPD	Scott Del Mastro	Vice President
STD	Paul Sindhunatha	Secretary/Treasurer
D	Alan Ma	Director of Academy
D	Luce Meilleur	Director of Administration