

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000047165

FILED
Jun 17, 2009
Secretary of State

Entity Name: INTERNATIONAL TENNIS ACADEMY USA, INC.

Current Principal Place of Business:

651 EGRET CR
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

651 EGRET CR
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 65-0839696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEILLEUR, LUCE
651 EGRET CIR
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MA, ALAN
Address: 641 LAVERS CL #301
City-St-Zip: DELRAY BEACH, FL 33444

Title: VPD () Delete
Name: DEL MASTRO, SCOTT
Address: 1375 E LANCEWOOD PLACE
City-St-Zip: DELRAY BEACH, FL 33445

Title: STD () Delete
Name: SINDHUNATHA, PAUL
Address: 755 DOTTEREL ROAD #1403
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: MEILLEUR, LUCE
Address: 955 EGRET CL. B-401
City-St-Zip: DELRAY BEACH, FL 33444

Title: P (X) Delete
Name: FROMEL, KAREL
Address: 825 EGERT CL. A-304
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FROMEL, KAREL
Address: 825 EGRET CIRCLE A-304
City-St-Zip: DELRAY BEACH, FL 33444

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCE MEILLEUR

D

06/17/2009

Electronic Signature of Signing Officer or Director

Date