

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 06, 2009  
Secretary of State**

DOCUMENT# N08000002240

Entity Name: CHAMPION OF CHOICES INC.

**Current Principal Place of Business:**

279 DOUGLAS AVE.  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

279 DOUGLAS AVE.  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 26-2209106      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MERO, MARC  
279 DOUGLAS AVE.  
ALTAMONTE SPRINGS, FL 32714      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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MERO, MARC  
Address: 279 DOUGLAS AVE.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D      ( ) Delete  
Name: MCDONAL, JEFFERY  
Address: 279 DOUGLAS AVE.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D      ( ) Delete  
Name: SPEZZI, DARLENE  
Address: 279 DOUGLAS AVE.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

SIGNATURE: MARC MERO

PD

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date