

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 09, 2005
Secretary of State**

DOCUMENT# N97000003197

Entity Name: CHAMPION SCHOOLS, INC.

Current Principal Place of Business:

1052 MONTGOMERY RD., SUITE 142
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

717 W. LAKE BRANTLEY RD
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

1052 MONTGOMERY RD., SUITE 142
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

931 STATE ROAD 434
SUITE 1201, #225
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3463543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FALCO, VICKI
621 N LONGVIEW PLACE
LONGWOOD, FL 32779 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: FALCO, VICKI
Address: 621 N LONGVIEW PL
City-St-Zip: LONGWOOD, FL 32779

Title: VD () Delete
Name: FALCO, ERNIE
Address: 621 N LONGVIEW PL
City-St-Zip: LONGWOOD, FL 32779

Title: STD () Delete
Name: NORELL, ROBIN
Address: 7105 CALOOSA COURT
City-St-Zip: ORLANDO, FL 32819

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 for the exemption stated in Section 119.07(3)(i), 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: VICKI FALCO

PD

06/09/2005

Electronic Signature of Signing Officer or Director

_____ Date