


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J72936		
1. Entity Name CHAMPIONS POINT, INC.		

Principal Place of Business 9725 CHAMPIONS POINT WINDERMERE, FL 34786 US	Mailing Address 9725 CHAMPIONS POINT WINDERMERE, FL 34786 US
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DO NOT WRITE IN THIS SPACE

FILED
08 APR 24 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2840641	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301	
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LEWIS, VIVIENNE 9725 CHAMPIONS POINT WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VOSS, JEFFERSON R 9725 CHAMPIONS POINT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Jeff Voss 4114108 407-909-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #