


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90092 019 ***150.00

DOCUMENT # L20356
 1. Entity Name
CHAMPION CAPITAL CORPORATION



Principal Place of Business : Mailing Address
 101 TIMBERLACHEN CIRCLE PO BOX 952259
 SUITE 202 LAKE MARY, FL 32746
 LAKE MARY, FL 32746 US

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

40100758



01092007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3007259 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHAMPION, BENJAMIN L
 101 TIMBERLACHEN CIRCLE
 SUITE 202
 LAKE MARY, FL 32746

7. Name and Address of New Registered Agent
 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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	EVPD	<input type="checkbox"/> Delete
NAME	MCINTOSH, JOHN O	
STREET ADDRESS	PO BOX 952259	
CITY-ST-ZIP	LAKE MARY, FL 327952259	
TITLE	PTSD	<input type="checkbox"/> Delete
NAME	CHAMPION, BENJAMIN	
STREET ADDRESS	PO BOX 952259	
CITY-ST-ZIP	LAKE MARY, FL 327952259	
TITLE	DCEV	<input type="checkbox"/> Delete
NAME	CHAMPION, C JONATHAN	
STREET ADDRESS	PO BOX 952259	
CITY-ST-ZIP	LAKE MARY, FL 327952259	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ Date: 4-30-07 Daytime Phone #: 467330-2120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR