2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002594

Entity Name: CHARITY FOR CHAMPIONS, INC.

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

401 E. LAS OLAS BLVD., STE. 1650 2110 N OCEAN BLVD C/O ARTHUR NEIWIRTH, ESQ. #1802

FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33305

Current Mailing Address: New Mailing Address:

401 E. LAS OLAS BLVD., STE. 1650 2110 N OCEAN BLVD C/O ARTHUR NEIWIRTH, ESQ. #1802

FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33305

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

NEIWIRTH, ARTHUR C. ESQ.

401 E. LAS OLAS BLVD., STE. 1650

2110 N OCEAN BLVD

C/O ROTHSTEIN ROSENFELDT ADLER, P.A. #1802

FT. LAUDERDALE, FL 33301 US FT. LAUDERDALE, FL 33305 US

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: ALFRED A DESIMONE 01/15/2009

Electronic Signature of Registered Agent Date

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

Title:DP () DeleteTitle:DP (X) Change () AdditionName:DESIMONE, ALFRED A.Name:DESIMONE, ALFRED A.Address:2110 N. OCEAN BLVD., #18BAddress:2110 N. OCEAN BLVD., #1802City-St-Zip:FT. LAUDERDALE, FL 33308City-St-Zip:FT. LAUDERDALE, FL 33305

Title: D () Delete Title: () Change () Addition

 Name:
 SULLIVAN, KELLY
 Name:

 Address:
 401 E. LAS OLAS BLVD., STE. 1650
 Address:

 City-St-Zip:
 FT. LAUDERDALE, FL 33301
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 RUBIN, KEITH (
 Name:

 Address:
 401 E. LAS OLAS BLVD., STE. 1650
 Address:

 City-St-Zip:
 FT. LAUDERDALE, FL 33301
 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: ALFRED A DESIMONE DP 01/15/2009