2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2005 08:00 AM Secretary of State DOCUMENT # N95000003980 FIRST STEP CHAMPIONS, INC. Principal Place of Business ___ Mailing Address 13260 SW 120 STREET 13260 SW 120 STREET MIAMI, FL 33186 MIAMI, FL 33186 04112005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0613887 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WARRING, JAMES DO NOT WRITE 13760 SW 120 ST MIAMI, FL 33186 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Due by May 1, 2005 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME WARRING, JAMES STREET ADDRESS 13260 SW 120 STREET CITY-ST-ZIP MIAMI, FL 33186 TITLE TS 000000307390 34715705**-8**0054-009 61.25 NAME WARRING, JEAN STREET ADDRESS 13260 SW 120 STREET CITY-ST-ZIP MIAMI, FL 33186 TITLE NAME PLANTADA, CARLOS STREET ADDRESS 13260 SW 120 STREET DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33186 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CITY-ST-ZIP