## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000006407

29443 AZALEA LN.

WESLEY CHAPEL, FL 33543

Address:

City-St-Zip:

Entity Name: CHAMPIONSHIP BASKETBALL, INC.

FILED Feb 08, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 29443 AZALEA LANE 5013 SILVER CHARM TERRACE WESLEY CHAPEL, FL 33543 WESLEY CHAPEL, FL 33544 **Current Mailing Address: New Mailing Address:** 29443 AZALEA LANE P.O. BOX 7431 WESLEY CHAPEL, FL 33543 WESLEY CHAPEL, FL 33543 FEI Number: 90-0236231 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: FOSS, CONRAD P FOSS, CONRAD P 29443 AZALEA LANE 5013 SILVER CHARM TERRACE WESLEY CHAPEL, FL 33543 US WESLEY CHAPEL, FL 33544 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: 02/08/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition FOSS, CONRAD P FOSS, CONRAD P Name: Name: 29443 AZALEA LANE Address: 5013 SILVER CHARM TERRACE Address: City-St-Zip: WESLEY CHAPEL, FL 33543 City-St-Zip: WESLEY CHAPEL, FL 33544 Title: ( ) Delete Title: () Change () Addition Name: STERNS, RANDY Name: Address: 220 SOUTH FRANKLIN AVE. Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: () Delete Title: () Change () Addition PASCHAL, BOBBY Name: Name: 9023 QUAIL CREEK DR. Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: GIBBONS, GORDON Name: Address: 277 LEGENDS TRACE Address: City-St-Zip: MCDONOUGH, GA 30253 City-St-Zip: Title: () Delete Title: () Change () Addition FOSS, JEFFREY H Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: CONRAD P FOSS D 02/08/2006