



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000060087 1. Entity Name ALLEN'S CREEK CHAMP, INC.	
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Principal Place of Business 11968 NORTH FLORIDA AVENUE TAMPA, FL 33612-5222	Mailing Address 11968 NORTH FLORIDA AVENUE TAMPA, FL 33612-5222
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DO NOT WRITE IN THIS SPACE

FILED
2007 APR 25 AM 10:39
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3661843	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DI GERLANDO, JOSEPH
11968 NORTH FLORIDA AVENUE
TAMPA, FL 33612-5222**

**DO NOT WRITE
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  **JOSEPH DI GERLANDO** **4/4/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000099067020 04/27/07--01005--004 **1895.00
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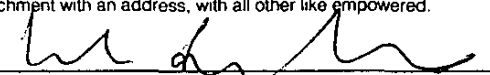
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI GERLANDO, JOSEPH 10116 LINDELAAN DRIVE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI GERLANDO, CARMEN 10116 LINDELAAN DRIVE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  **JOSEPH DI GERLANDO** **4/4/07** **813-961-8718**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #