2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## **FILED** Apr 04, 2006 08:00 AM Secretary of State DOCUMENT # P01000055771 EVERYDAY CHAMPIONS, INC. Principal Place of Business Mailing Address 1148 SAN REMO DR LARGO FL 33770 1148 SAN REMO DR LARGO FL 33770 3. Mailing Address 2. Principal Place of Business Suite. Apt. If, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 59-3725598 Not Applicate Соцото Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DARCY, PATRICIA X 1148 SAN REMO DR. Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 33770** City Zip Code 3. 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 access the obligations of registered agent. SIGNATURE Synature typed or printed name of regulared again and locid applicable DATE (NOTE Registered Agein signature required when tomstaling) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 \$5.00 May : Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Belefe MUE ☐ Change ☐ Additi HILE PSTD H00000491058 NAME NAME DARCY, PATRICIA 04/19/06-80007-011 150.00 STREET ADDRESS 1148 SAN REMO DR STREET ADDRESS EHY-ST-ZP CITY-ST-ZIP LARGO FL 33770 ☐ Chance □ A\*\*: □ TITLE □ Delete TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ A+mu☐ Defete tate NAM STREET ADDRESS STREET ADDRESS CISY-SI-ZIP CITY-SI-ZIP Change ☐ Addr TITLE ☐ Detete Bill MAME STREET ADURESS STREET ADDRESS CHY-SI-ZP CITY-SI-ZIP Defete ☐ Change TITLE Title □ A :. NABAT NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete mat Change □ Add NAME NAME STRECT ADDRESS STREET ADDRESS CITY-SI-ZIP C(IY-SI-Z@ 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. 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 directly 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

DEFICER OR DIRECTOR

Daytime Phone s