


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000064118					
1. Entity Name CHAMPION GYMNASTICS INC.					
Principal Place of Business 8030 W. SAMPLE RD. CORAL SPRINGS, FL 33065			Mailing Address 8030 W. SAMPLE RD. CORAL SPRINGS, FL 33065		
2. Principal Place of Business 325 Patio Village Ter.		3. Mailing Address 325 Patio Village Ter.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Weston, FL		City & State Weston FL		4. FEI Number 65-1116762	
Zip 33326		Country Broward		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CINTI, ROY M 325 PATIO VILLAGE TERR. WESTON, FL 33326			7. Name and Address of New Registered Agent Name: Mariela Igo Street Address (P.O. Box Number is Not Acceptable): 1372 SW 181 Av. City: Pembroke Pines FL Zip Code: 33029		
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: <i>[Signature]</i> DATE: 10/10/06					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME CINTI, ROY M STREET ADDRESS 325 PATIO VILLAGE TERR. CITY-ST-ZIP WESTON, FL 33326	<input checked="" type="checkbox"/> Delete		TITLE P NAME BOVINO, MARIA VICTORIA STREET ADDRESS 325 PATIO VILLAGE TER. CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME CINTI, CLARA M STREET ADDRESS 325 PATIO VILLAGE TERR. CITY-ST-ZIP WESTON, FL 33326	<input checked="" type="checkbox"/> Delete		TITLE V/MD NAME MARIELA IGO STREET ADDRESS 1372 SW 181ST AV. CITY-ST-ZIP PEMBROKE PINES, FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE T/D NAME SERGIO DIZEO STREET ADDRESS 1372 SW 181ST AV. CITY-ST-ZIP PEMBROKE PINES, FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE S/D NAME CLARA CINTI STREET ADDRESS 325 PATIO VILLAGE TER. CITY-ST-ZIP WESTON, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		900081153639 10/24/06--01041--019 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>[Signature]</i>			10/10/06 (954) 806-8077		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		