


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State


03-13-2006 90072 014 ***150.00

DOCUMENT # P01000109368		
1. Entity Name CHAMPIONS AT LELY RESORT, INC.		

Principal Place of Business 4770 ALBERTON CT., STE. 2602 NAPLES, FL 34105	Mailing Address 4770 ALBERTON CT., STE. 2602 NAPLES, FL 34105
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2. Principal Place of Business 2245 Venetian Court Suite, Apt. #, etc. Building 4	3. Mailing Address 2245 Venetian Court Suite, Apt. #, etc. Building 4
City & State Naples, FL	City & State Naples, FL
Zip 34109	Country USA

40029513



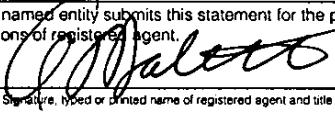
02212006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1153504	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BATEMAN, ARTHUR L 4770 ALBERTON CT., STE. 2602 NAPLES, FL 34105	
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7. Name and Address of New Registered Agent	
Name Bateman, Arthur L.	
Street Address (P.O. Box Number is Not Acceptable) 2245 Venetian Court Building 4	
City Naples	FL Zip Code 34109

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  DATE 3-6-06

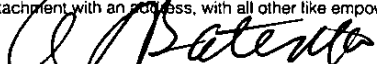
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BATEMAN, ARTHUR L 4770 ALBERTON CT., STE. 2602 NAPLES, FL 34105 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D DERSCH, JOYCE E 4770 ALBERTON CT., STE. 2602 NAPLES, FL 34105 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SELLS, JOYCE T 4770 ALBERTON CT., STE. 2602 NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2245 Venetian Court, Bldg 4 Naples, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2245 Venetian Court, Bldg 4 Naples, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  DATE 3-6-06 DAYTIME PHONE # 239/430-1012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR