
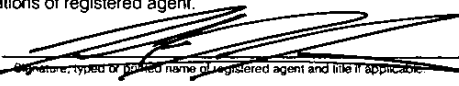
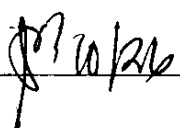
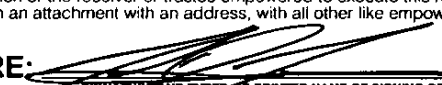


2006 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| DOCUMENT # P02000028316 1. Entity Name CHAMPION SERVICES, INC. | | | |  | | FILED 06 OCT 24 PM 1:43 CLERK OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 4081 TAGGART CAY NORTH APT #104 SARASOTA, FL 34233 US | | | | Mailing Address 4081 TAGGART CAY NORTH APT #104 SARASOTA, FL 33233 US | | | |
| 2. Principal Place of Business 5504 BURNT BRANCH CIRCLE / 5504 BURNT BRANCH CIRCLE Suite, Apt. #, etc. | | | | 3. Mailing Address 5504 BURNT BRANCH CIRCLE Suite, Apt. #, etc. | | | |
| City & State SARASOTA, FL Zip 34232 | | City & State SARASOTA, FL Zip 34232 | | 4. FEI Number 03-0424808 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 10182006 REIN-P CR2E098 (11/05) | | | |
| 6. Name and Address of Current Registered Agent JACKSON, JOEL D 4081 TAGGART CAY NORTH APT #104 SARASOTA, FL 33233 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE 10/18/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JACKSON, JOEL D 4081 TAGGART CAY NORTH SARASOTA, FL 33233 | | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300081131093 10/24/06--01007--015 **150.00 | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | DATE 10/18/06 DAYTIME PHONE # 941-232-4208 | | | |