

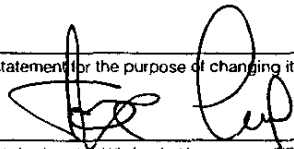
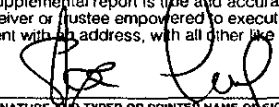


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90201 008 ***150.00

DOCUMENT # P02000060904 1. Entity Name CHAMPION HOLDINGS, INC.					
Principal Place of Business 505 AVE A NW STE 102 WINTER HAVEN, FL 33881			Mailing Address 505 AVE A NW STE 102 WINTER HAVEN, FL 33881		
2. Principal Place of Business 2701 AUTUMN CREEK CIRCLE Suite, Apt. #, etc.		3. Mailing Address 2701 AUTUMN CREEK CIRCLE Suite, Apt. #, etc.			
City & State KESSIMMEE FL Zip 34747		City & State KESSIMMEE FL Zip 34747		4. FEI Number 98-0360954	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GOVONI, BRIAN R 505 AVE A NW STE 102 WINTER HAVEN, FL 33881			7. Name and Address of New Registered Agent Name STEVEN G. LOWE Street Address (P.O. Box Number is Not Acceptable) 2701 AUTUMN CREEK CIRCLE City KESSIMMEE FL Zip Code 34747		
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  STEVEN LOWE DATE 4/27/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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 NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete LOWE, STEVEN G 505 AVE A NW STE 102 WINTERHAVEN, FL 33881		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2701 AUTUMN CREEK CIRCLE KESSIMMEE FL 34747	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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 exemption stated in Section 119.07(3)(i), 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:  STEVEN LOWE DATE 4/27/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					