


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000075609
 1. Entity Name
 CHAMPION POWERSPORTS, INC.



Principal Place of Business Mailing Address
 10308 WELBECK CT 10308 WELBECK CT
 TAMPA, FL 33626 TAMPA, FL 33626



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 20-0131786 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TULLO, ANDREA T
 4301 ANCHOR PLAZA PKWY STE 300
 TAMPA, FL 33634

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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 _____
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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. KRUDER, RONALD PRES 10531 WEYBRIDGE DR. TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. RAVENNA, SETH TREAS. 10308 WELBECK COURT TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. RAVENNA, ERIK SEC. 25115 TRADEWINDS DRIVE LOND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 01/30/06-80061-019 150.00

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 1/20/06 OFFICE PHONE # 813-742 5325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR