• 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P93000076978 07-16-2007 90125 008 ***150.00 1. Entity Name CHAMPION HOMES, INC. Principal Place of Business Mailing Address 1213 CUNNINGHAM CREEK DR 1213 CUNNINGHAM CREEK DR JACKSONVILLE, FL 32259 US Jacksonville, FL 32259 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07102007 Cho-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 59-3233842 Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, C. DAVID SR. Street Address (P.O. Box Number is Not Acceptable) 1213 CUNNINGHAM CREEK DR JACKSONVILLE, FL 32259 City Zio 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. Signsture, typed or presed name of registered agent and still 4 applicable. (NOTE: Registered Agent agneture required when renstaring) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 14, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Change □ Delete TITLE WILLIAMS C DAVID SR NAME NAME 1213 CUNNINGHAM CREEK DR STREET ADDRESS STREET ADDRESS CITY-ST-7/P JACKSONVILLE, FL 32259 CITY-ST-7P DDF Delete nn e ☐ Change ☐ Addition NAME WILLIAMS, KAREN D NAME 1213 CUNNINGHAM CREEK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZP JACKSONVILLE, FL 32259 Detete TITLE TITLE Change ■ Addition WILLIAMS, DEREK S NAME NAME STREET ADDRESS 1213 CUNNINGHAM CREEK DR STREET ADDRESS CTY-ST-21P JACKSONVILLE, FL 32259 DIY-ST-7P TITLE Delete THE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

FILED

Jul 16, 2007 8:00 am