


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000087481 1. Entity Name SPORTS CHAMPIONS, INC.	
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Principal Place of Business 277 ROYAL POINCIANA WAY SUITE 135 PALM BEACH, FL 33480	Mailing Address 3473 SATELLITE BLVD SUITE 211 DULUTH, GA 30096
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3281274	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GEIGER, ALLAN T 1301 RIVERPLACE BLVD. SUITE 1500 JACKSONVILLE, FL 32207	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DC WILLIAMS, ARTHUR L. JR. 277 ROYAL POINCIANA WAY # 135 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP JAMES E. KELLY 1658 TEMPLE JPHNSON ROAD LOGANVILLE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLOICE Y. CRIM 2277 EMMET DOSTER ROAD MONROE, GA 30656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/05-80018-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or other like empowered.

SIGNATURE: Gloice Y Crim Gloice Y Crim 1/11/05 770-813-0090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #