## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000087481

1. Entity Name

SPORTS CHAMPIONS, INC.



FILED Feb 09, 2007 08:00 AM Secretary of State

Principal Place of Business

277 ROYAL POINCIANA WAY

SUITE 135 PALM BEACH, FL 33480 Mailing Address

3473 SATELLITE BLVD SUITE 211

DULUTH, GA 30096



DO NOT WRITE IN THIS SPACE

01232007 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3281274

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

JACKSON	VILLE, FL 32207	·	•					
				4	,			
	named entity submits this statement for the piions of registered agent.	urpose of changing its registere	ed office or reg	istered agent, or bo	th, in the State of Florid	a. I am familiar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	ANT. Pacietae	d Ament viscosture re	quired when reinstaling)		DATE		
	Signature, typed or printed name or registered agent and size in	appacable (NOTE: Registered	) Agent eightrone re-	(united with the restauty)		DAIL	<del></del>	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		<ol><li>Election Campaign Finan Trust Fund Contribution.</li></ol>	· -	\$5.00 May Be Added to Fees	ისებებებ	630130 <del>00028-014</del> -	ነፍጋ ሰበ	
10.	OFFICERS AND DIREC	TORS		,	02/13/01	<del>UUU20 TUIT</del>	Kangara Ari	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WILLIAMS, ARTHUR L. JR. 277 ROYAL POINCIANA WAY # 135 PALM BEACH, FL 33480				有 <sup>是</sup>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP JAMES E. KELLY 1658 TEMPLE JPHNSON ROAD LOGANVILLE, GA				f. 1 35.	•		
TITLE NAME STREET ADDRESS CITY-SY-ZIP	S GLOICE Y. CRIM 2277 EMMET DOSTER ROAD MONROE, GA 30856			DO	NOT WR	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPA		* *	

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BIGHAPURE AND TYPED OR PRINTED NAME OF SKINING OF

James

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770-962-6767

Daytime Phone