2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2007 8:00 am Secretary of State DOCUMENT # P96000033368 05-01-2007 90055 003 ***150.00 1. Entity Name CHAMPION TRAILER SALES, INC. 40096320 Principal Place of Business Mailing Address 5925 MLK BLVD C/O WALTER SANDERS **STE 106** 16528 N. DALE MABRY HIGHWAY **TAMPA, FL 33618** TAMPA, FL 33619 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Dale Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 CR2E034 (12/06) Chg-P City & State City & State Applied For 4. FEI Number ampa 59-3375988 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANDERS, WALTER 16528 N. DALE MABRY HIGHWAY Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33618 City Zip 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change Addition Cornette, Rybert 16528 N. Dale Mabry CORELLE, ROBERT NAME NAME STREET ADDRESS 16528 N. DALE MABRY HWY STREET ADDRESS CITY-ST-7IP TAMPA, FL 33618 CJTY-ST-7IP ■ Addition TITLE ☐ Delete TITLE ☐ Change SHELL, PEPPER C NAME 10922 TARPON SPRINGS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ODESSA, FL 33556 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE. Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-S1-7/P