

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 615392

FILED
Jan 25, 2006
Secretary of State

Entity Name: CHALLENGER ENTERPRISES, INC.

Current Principal Place of Business:

437 6TH STREET SOUTH
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

446 6TH STREET SOUTH
SAFETY HARBOR, FL 34695 US

Current Mailing Address:

P.O. BOX 285
SAFETY HARBOR, FL 346950285 US

New Mailing Address:

FEI Number: 59-1898447 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLSON, ANDREW M
3411 BRIARWOOD LN
SAFETY HARBOR, FL 346950935 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: NICHOLSON, ANDREW M
Address: 3411 BRIARWOOD LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S () Delete
Name: NICHOLSON, ANDREA C
Address: 3411 BRIARWOOD LANE
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW M. NICHOLSON

PTD

01/25/2006

Electronic Signature of Signing Officer or Director

Date