


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90047 003 ***150.00

DOCUMENT # F98000006473 1. Entity Name THE CHALLENGE USA, INC.					
Principal Place of Business 211 HWY 17 NORTH NORTH MYRTLE BEACH, SC 29582			Mailing Address 211 HWY 17 NORTH NORTH MYRTLE BEACH, SC 29582		
2. Principal Place of Business 702 Sea Mountain Hwy.		3. Mailing Address 702 Sea Mountain Hwy.			
Suite, Apt. #, etc. Unit 2		Suite, Apt. #, etc. Unit 2			
City & State North Myrtle Beach SC		City & State NORTH MYRTLE BEACH SC			
Zip 29582		Country Horry		4. FEI Number 58-2351620	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JEWSKI, KATHLEEN M 316 EAGLE RIDGE DR. DAVENPORT, FL 33837			7. Name and Address of New Registered Agent Name Darlene M. Bennett Street Address (P.O. Box Number is Not Acceptable) 127 San Pablo Circle City DAVENPORT FL Zip Code 33837		
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 <u><i>Darlene M. Bennett</i></u> DATE <u>2-15-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOPES, GARY J 2274 BIG LANDING RD. NORTH MYRTLE BEACH, SC 29582 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u><i>Gary J. Lopes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-15-05</u> 888-249-9646 <small>Daytime Phone #</small>		