


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90333 015 \*\*\*150.00

**DOCUMENT # G33777**

1. Entity Name  
**CHALLENGE TO, INC.**



Principal Place of Business      Mailing Address  
**3618 NE 167 ST**      **3618 NE 167 ST**  
**N MIAMI BEACH, FL 33160-3526 US**      **N MIAMI BEACH, FL 33160-3526 US**

2. Principal Place of Business      3. Mailing Address  
**600 NE 36 Street**      **600 NE 36 Street**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Apt # 211**      **Apt # 211**

City & State      City & State  
**Miami, FL**      **Miami, FL**  
 Zip      Country      Zip      Country  
**33137**           **33137**           **33137**           **33137**           **33137**           **33137**           **33137**           **33137**           **33137**

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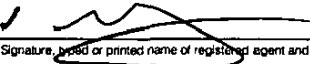
04212006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2368614**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**SMITH, RANDOLPH**  
**3618 NE 167 ST**  
**NO. MIAMI BCH, FL 33160**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**600 NE 36 Street**  
**Apt # 211**  
 City      State      Zip Code  
**Miami**      **FL**      **33137**

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:       DATE: **4/26/06**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	SMITH, RANDOLPH	3618 NE 167 ST	N MIAMI BEACH, FL 331603526	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>600 NE 36 Street Apt # 211</b>	<b>Miami, FL 33137</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/> Change	<input type="checkbox"/> Addition
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"/> Change	<input type="checkbox"/> Addition

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:       DATE: **4/26/06**      Daytime Phone #: **605-593-8224**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR