

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90023 004 \*\*\*\*61.25

<b>DOCUMENT # N32617</b> 1. Entity Name <b>CHARITY CHALLENGE, INC.</b>					
Principal Place of Business <b>378 CENTRE POINTE CIR. SUITE 1238 ALTAMONTE SPRINGS, FL 32701 US</b>			Mailing Address <b>378 CENTRE POINTE CIR. SUITE 1238 ALTAMONTE SPRINGS, FL 32701 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02282007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2944549</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CONSTANTINE, DAVID LEE 186-D MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONSTANTINE, DAVID LEE	NAME			
STREET ADDRESS	186-D MAITLAND AVE.	STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANSING, MARIANN	NAME			
STREET ADDRESS	180 HATTAWAY DR	STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DURSO, JOSE	NAME	<b>DURSO, JOSEPH</b>		
STREET ADDRESS	6332 RALEIGH ST.	STREET ADDRESS	<b>301 TULLIS AVE.</b>		
CITY-ST-ZIP	ORLANDO, FL 32835	CITY-ST-ZIP	<b>LONGWOOD, FL 32750</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FINELLI, PAUL	NAME			
STREET ADDRESS	829 LONEY LEAF DRIVE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32835	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MONACO, DEAN	NAME			
STREET ADDRESS	1800 NW CHRISTMAS ROAD	STREET ADDRESS			
CITY-ST-ZIP	CHRISTMAS, FL 32709	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RILEY, DEREK	NAME			
STREET ADDRESS	4213 OLD TRAFFORD WAY	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32810	CITY-ST-ZIP			
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 617, 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.					
<b>SIGNATURE:</b> <i>Mariann Lansing</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/25/07</b> <small>Date</small>		<b>407-252-3797</b> <small>Daytime Phone #</small>	