

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009428

FILED
Apr 25, 2006
Secretary of State

Entity Name: THE FLORIDA CHALLENGE, INC.

Current Principal Place of Business:

971 NW 122ND TERRACE
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

971 NW 122ND TERRACE
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 38-3642826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOCH, STEVEN R
971 N W 122 TERRACE
PEMBROKE PINES, FL 33026 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: D () Delete
Name: DOCH, STEVEN R
Address: 971 N W 122 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: STICKLES, PHILLIP
Address: 10800 CARLTON ROAD
City-St-Zip: FT. PIERCE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: STICKLES, PHILLIP
Address: 224 SE RAY AVENUE
City-St-Zip: PORT ST LUCIE, FL 34983

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: STEVEN R DOCH

D

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date