

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P04000022919

1. Entity Name

READING CHALLENGE, INC.



**FILED
Mar 14, 2005 8:00 am
Secretary of State**

03-14-2005 90095 040 ***150.00

Principal Place of Business

1150 LOUISIANA AVENUE SUITE 4
WINTER PARK FL 32789

Mailing Address

1150 LOUISIANA AVENUE SUITE 4
WINTER PARK FL 32789

2. Principal Place of Business

7512 DR. PHILLIPS BLVD

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 500 Box 327

4. Suite, Apt. #, etc.

City & State

ORLANDO, FL

5. City & State

Zip

32819

Country

ORANGE

6. Zip

Country

6. Name and Address of Current Registered Agent

WEATHERFORD, WILLIAM P JR
1150 LOUISIANA AVENUE SUITE 4
WINTER PARK FL 32789

Name

KEVIN MURPHY

Street Address (P.O. Box Number is Not Acceptable)

7512 DR. PHILLIPS BLVD SUITE 50

City

ORLANDO

FL

Zip Code

32819

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

Kevin Murphy

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN MURPHY		NAME	
STREET ADDRESS	8268 TUSCANY DR.		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLORES MURPHY		NAME	
STREET ADDRESS	8268 TUSCANY DR.		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	
TITLE	—	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	—		NAME	
STREET ADDRESS	—		STREET ADDRESS	
CITY-ST-ZIP	—		CITY-ST-ZIP	
TITLE	—	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	—		NAME	
STREET ADDRESS	—		STREET ADDRESS	
CITY-ST-ZIP	—		CITY-ST-ZIP	
TITLE	—	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	—		NAME	
STREET ADDRESS	—		STREET ADDRESS	
CITY-ST-ZIP	—		CITY-ST-ZIP	
TITLE	—	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	—		NAME	
STREET ADDRESS	—		STREET ADDRESS	
CITY-ST-ZIP	—		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kevin Murphy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-05 407-996-3767

Date

Daytime Phone #