


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-14-2005 90095 041 \*\*\*150.00

<b>DOCUMENT # P04000022937</b>	
1. Entity Name <b>LEARNING CHALLENGE, INC.</b>	

Principal Place of Business <b>1150 LOUISIANA AVENUE SUITE 4 WINTER PARK FL 32789</b>	Mailing Address <b>1150 LOUISIANA AVENUE SUITE 4 WINTER PARK FL 32789</b>
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2. Principal Place of Business <b>7512 DR. PHILLIPS BLVD SUITE, Apt. #, etc. 50 #327</b>	3. Mailing Address <b>SAME SUITE 50 Box 327</b>
City & State <b>ORLANDO FL</b>	City & State <b>ORLANDO FL</b>
Zip <b>32819</b>	Country <b>ORANGE</b>

1st MOORE <b>20-0629637</b>	CR2E034 (10/04)
4. FEI Number <b>20-0629637</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

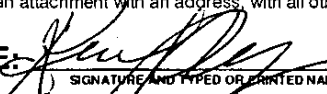
6. Name and Address of Current Registered Agent <b>WEATHERFORD, WILLIAM P JR 1150 LOUISIANA AVENUE SUITE 4 WINTER PARK FL 32789</b>	
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7. Name and Address of New Registered Agent Name <b>KEVIN MURPHY</b> Street Address (P.O. Box Number is Not Acceptable) <b>7512 DR. PHILLIPS BLVD SUITE 50</b> City <b>ORLANDO FL</b> Zip Code <b>32819</b>	
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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 <b>3-5-05</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KEVIN MURPHY CEO</b> <input type="checkbox"/> Delete <b>7512 DR. PHILLIPS BLVD</b> <b>ORLANDO, FL 32819</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DOLORES MURPHY /VP</b> <input type="checkbox"/> Delete <b>7512 DR. PHILLIPS BLVD</b> <b>ORLANDO FL 32819</b>	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
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
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
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

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  <b>KEVIN J. MURPHY</b> <b>CEO</b>	DATE <b>407-996-3767</b>