

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

DOCUMENT # P04000022937

1. Entity Name

LEARNING CHALLENGE, INC.



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

03-14-2005 90095 041 \*\*\*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  
Suite, Apt. #, etc.  
50 #327  
City & State  
ORLANDO FL  
Zip 32819 Country ORANGE  
3. Mailing Address  
SAME  
Suite, Apt. #, etc.  
SUITE 50 BOX 327  
City & State  
ORLANDO FL  
Zip 32819 Country ORANGE

1st MOORE CR2E034 (10/04)

20-0629637 37  
20-0629637 Applied For  
Not Applicable



4. FEI Number  
5. Certificate of Status Desired  
□ \$8.75 Additional  
Fee Required

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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

3-5-05

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	KEVIN MURPHY CEO	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7512 DR. PHILLIPS BLVD		
STREET ADDRESS	ORLANDO, FL 32819		
CITY-ST-ZIP			
TITLE	DOLORES MURPHY VP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7512 DR. PHILLIPS BLVD		
STREET ADDRESS	ORLANDO, FL 32819		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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 J. Murphy* KEVIN J. MURPHY CEO 407-996-3267  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #