


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2006 8:00 am
Secretary of State

05-02-2006 90287 001 ***600.00
 05-31-2006 90008 019 ****61.25

DOCUMENT # P05000008917
 1. Entity Name
 INCO CHALLENGE, CORP.



Principal Place of Business Mailing Address
 201 S. BISCAYNE BLVD. 201 S. BISCAYNE BLVD.
 34TH FLOOR 34TH FLOOR
 MIAMI, FL 33131 US MIAMI, FL 33131 US

50019982

2. Principal Place of Business 3. Mailing Address
 4850 S.W. 72ND AVE SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 MIAMI, FL MIAMI, FL

Zip Country Zip Country
 33155 U.S.A. 33155 U.S.A.



05092006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
 FERRELL GROUP CORPORATE SERVICES, LLC
 201 S. BISCAYNE BLVD.
 34TH FLOOR
 MIAMI, FL 33131

4. FEI Number Applied For
 202224003 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: GAMMA CONSTRUCTION, INC.
 Street Address (P.O. Box Number is Not Acceptable): 4850 S.W. 72ND AVE
 City: MIAMI FL Zip Code: 33155

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: MARIA E. CERVANTES, SEC DATE: 05/09/06

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 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: MARIA E. CERVANTES, SEC DATE: 05/09/06