

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000021917

FILED
Apr 23, 2009
Secretary of State

Entity Name: CHALLENGE HEALTH NETWORK, INC.

Current Principal Place of Business:

2000 W. COMMERCIAL BLVD.
SUITE 115
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

2000 W. COMMERCIAL BLVD.
SUITE 115
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0446199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WATRY, THERESA
2000 W. COMMERCIAL BLVD
SUITE 115
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

GALLUP, ROBERT
2000 W. COMMERCIAL BLVD
SUITE 115
FORT LAUDERDALE, FL 33309 US

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: ROBERT GALLUP

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MORRISON, KENNETH P
Address: 2000 W. COMMERCIAL BLVD. STE 115
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: SPIRA, RICHARD
Address: 2000 W. COMMERCIAL BLVD. STE 115
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: STALLER, BRETT
Address: 2000 W. COMMERCIAL BLVD. STE 115
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: CEO () Delete
Name: WATRY, THERESA
Address: 2000 W. COMMERCIAL BLVD. STE 115
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: CEO (X) Change () Addition
Name: GALLUP, ROBERT
Address: 2000 W. COMMERCIAL BLVD. STE 115
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT GALLUP

CEO

04/23/2009

Electronic Signature of Signing Officer or Director

Date