2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2010
Secretary of State

DOCUMENT# P94000021917

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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT GALLUP CEO 02/15/2010

Electronic Signature of Signing Officer or Director Date