2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P94000082331 01-23-2006 90053 038 ***150.00 CHALLENGE INVESTMENTS INC. Principal Place of Business Mailing Address 928 SW 19 STREET 928 SW 19 STREET FT LAUDERDALE, FL 33315 FT LAUDERDALE, FL 33315 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01202006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4 FEI Number 65-0530448 Not Applicable Country Country_ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRIDGET METCALFE PETRY, BRIDGET Street Address (P.O. Box Number is Not Acceptable) CO STEWART X ABSOCIATES **928 SW 19 STREET** FT LAUDERDALE, FL 33315 289 EAST OAKLAND PARK Blid CITY FORT LAUDERDALE 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 BRIDGET METCALFE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete BRIDGET METCALFE PETRY, BRIDGET NAME NAME CASTEWART & ASSOCIATES BIND 199 East Onkland PARK BIND FORT LANDGEDALE, FL 33334 STREET ADDRESS **928 SW 19 STREET** STREET ADDRESS FT LAUDERDALE, FL 33315 CITY-ST-7IP CITY-ST-7P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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.

FILED

Jan 23, 2006 8:00 am