

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000083870

1. Entity Name
CHALLENGE BY CHOICE, INC.



Principal Place of Business
7301A PALMETTO PARK RD.
103C
BOCA RATON, FL 33433 US

Mailing Address
7301A PALMETTO PARK RD.
BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HICKS, DEANA
7301A PALMETTO PARK ROAD
SUITE 103C
BOCA RATON, FL 33433

04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0782098	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HICKS, DEANA
STREET ADDRESS	7301A PALMETTO PARK ROAD, 103C
CITY-ST-ZIP	BOCA RATON, FL 33433

0000000134918
04/28/04-80038-025 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Deana Hicks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/04 561-338-865
Date Daytime Phone #