2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 642066

1. Entity Name
ACHIEVEMENT CENTER OF TAMPA, INC.

Principal Place of Business	Mailing Address
5714 S. DALE MABRY TAMPA, FL 33611	5714 S. DALE MABRY TAMPA, FL 33611

DO NOT WRITE IN THIS SPACE

01182007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1948233	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LABARBERA, FLORA
5714 S. DALE MABRY
TAMPA, FL 33611

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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 X _Flora La Barbera_   x 01/19/07.

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, 2007 Fee will be $550.00

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

U000000597397
01/24/07-80034-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP	
NAME	LABARBERA, FLORA	
STREET ADDRESS	5714 S. DALE MABRY	
CITY-ST-ZIP	TAMPA, FL	
TITLE	PT	
NAME	HERNANDEZ, HENRY	
STREET ADDRESS	16909 WHIRLEY RD	
CITY-ST-ZIP	LUTZ, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: X _Flora La Barbera_   01/19/07   813-792-1993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #