
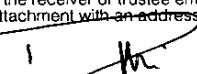


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90015 019 \*\*\*\*61.25

<b>DOCUMENT # 708576</b>					
1. Entity Name ACHIEVEMENT AND REHABILITATION CENTERS, INC.					
Principal Place of Business 10250 NW 53RD STREET SUNRISE, FL 33351		Mailing Address 10250 NW 53RD STREET SUNRISE, FL 33351			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0809623	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAAS, DENNIS 10250 NW 53 STREET SUNRISE, FL 33351			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD <input type="checkbox"/> Delete	TITLE	Director at Large <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RICHTER, JACOB	NAME	Paul Langlois		
STREET ADDRESS	2600 NE 14TH ST.	STREET ADDRESS	7101 N.W. 68th Avenue		
CITY-ST-ZIP	POMPANO BEACH, FL	CITY-ST-ZIP	Tamarac, FL 33321		
TITLE	TD <input type="checkbox"/> Delete	TITLE	Director at Large <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PATTISON, STEVE L CPA	NAME	Ron Jacobs		
STREET ADDRESS	2 ALHAMBRA PLAZA, STE 500	STREET ADDRESS	3725 Odum Screven Road		
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	Screven, GA 31560		
TITLE	VCD <input type="checkbox"/> Delete	TITLE	Director at Large <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BIER, IRWIN	NAME	Amanda Kornegay		
STREET ADDRESS	CHERRY BLOSSOM WAY	STREET ADDRESS	501 S.E. 2nd Street #602		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	Fort Lauderdale, FL 33301		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HINDEN, JOAN	NAME			
STREET ADDRESS	9709 MALVERN DRIVE	STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP			
TITLE	VCD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAYSTROM, WILLIAM, JR.	NAME			
STREET ADDRESS	1177 SE 3RD AVENUE	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAAS, DENNIS	NAME			
STREET ADDRESS	10250 NW 53RD ST	STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33351	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 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 617, 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: 		DENNIS HAAS		7/6/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 954-746-9400	

400000



07062006 Chg-NP CR2E037 (4/06)