


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000009999</b> 1. Entity Name <b>BUSINESS ACHIEVERS INTERNATIONAL, INC.</b>	
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Principal Place of Business <b>11570 SAN JOSE BLVD 11 JACKSONVILLE, FL 32223 US</b>	Mailing Address <b>11570 SAN JOSE BLVD 11 JACKSONVILLE, FL 32223 US</b>
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04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>20-0411168</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DEL VALLE, JUAN CARLOS  
11570 SAN JOSE BLVD  
11  
JACKSONVILLE, FL 32223**


**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000359581 05/04/05-80164-004 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEL VALLE, JUAN CARLOS 358 RALEIGH ROAD JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEL VALLE, KIMBERLY M 358 RALEIGH ROAD JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO KORMAN, MARTHA 5830-C W. CYPRESS STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO SCHAUGHENCY, DAVID 15925 DAWSON RIDGE DRIVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO REDMOND, TIM 3609 E. 96TH PLACE TULSA, OK 74137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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:**  **4-14-05 904-268-4968**

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_