


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000002794

1. Entity Name
 ACHILLES REALTY COMPANY



Principal Place of Business
 C/O ST. JOHN HOLDINGS, INC.
 320 KING OF PRUSSIA RD.
 RADNOR, PA 19087

Mailing Address
 C/O ST. JOHN HOLDINGS, INC.
 320 KING OF PRUSSIA RD.
 RADNOR, PA 19087



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 23-2718074

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUIGG, MICHAEL J 320 KING OF PRUSSIA RD. RADNOR, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLIPHANT, BRENDA J 320 KING OF PRUSSIA RD. RADNOR, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GRIMM, KATHLEEN M 320 KING OF PRUSSIA RD. RADNOR, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000555280
 05/17/06-80003-015 150.00

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:  DATE: 4/24/06 DAYTIME PHONE: 6109648702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR