


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90023 036 \*\*\*150.00

**DOCUMENT # J98072**  
 1. Entity Name  
**MDI ACHIEVE (FLORIDA), INC.**



Principal Place of Business 2803 W. BUSCH BLVD. SUITE 201 TAMPA, FL 33618 US	Mailing Address 2803 W. BUSCH BLVD SUITE 201 TAMPA, FL 33618 US
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**DO NOT WRITE IN THIS SPACE**

04032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2848738	Applied For 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

~~RAAB, LANCE J~~ *Cathy Bass*  
 2803 W. BUSCH BLVD.  
 SUITE 201  
 TAMPA, FL 33618

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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 *Cathy S. Bass, Controller* DATE *4/11/08*

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, 2008 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	PD ROY, CLAUDE 2803 W. BUSCH BLVD. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRUNET, MARC 2803 W. BUSCH BLVD. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTS MORIN, JEAN-FRANCOIS 2803 W. BUSCH BLVD. TAMPA, FL 33618
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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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:** *JEAN-FRANCOIS MORIN* APRIL 16, 2008 514-762-3018

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