2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N00000008018

Entity Name: THE ACHIEVEMENTS GROUP, INC.

Current Principal Place of Business:

4344 PINNACLE ST
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

4344 PINNACLE ST
PORT CHARLOTTE, FL 33980

New Mailing Address:

FEI Number: 65-1059489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREGOIRE, TINA R
4344 PINNACLE ST
PORT CHARLOTTE, FL 33980

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	FEO, DAVID	
Address:	13615 TAMIAMI TRAIL	
City-St-Zip:	NORTH PORT, FL 34286	
Title:	VP	( ) Delete
Name:	HOULT, LOIS	
Address:	2317 CHATLIN	
City-St-Zip:	HOLIDAY, FL 34291	
Title:	ST	( ) Delete
Name:	PROVANZANO, ANGELA	
Address:	3525 ISLAND CLUB DRIVE #1	
City-St-Zip:	NORTH PORT, FL 34288	
Title:	D	( ) Delete
Name:	KING, ROBERT	
Address:	565 W. RETTE ESPLANDE	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	D	( ) Delete
Name:	HAMOKY, JOSEPH	
Address:	428 FIELD STONE DRIVE	
City-St-Zip:	VENICE, FL 34292	
Title:	D	( ) Delete
Name:	PATANE, AGATHA	
Address:	P.O. BOX 494253	
City-St-Zip:	PORT CHARLOTTE, FL 339490253	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID FEO P 04/30/2004

Electronic Signature of Signing Officer or Director — Date