

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008018

FILED
Jan 11, 2008
Secretary of State

Entity Name: THE ACHIEVEMENTS GROUP, INC.

Current Principal Place of Business:

2600 BOBCAT VILLAGE CENTER ROAD
NORTH PORT, FL 34288

New Principal Place of Business:

Current Mailing Address:

2600 BOBCAT VILLAGE CENTER ROAD
NORTH PORT, FL 34288

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, TINARAE
2740 BOBCAT VILLAGE CENTER ROAD
SUITE 300B
NORTH PORT, FL 34288 US

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: 3220 ALESIO AVE
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: 5538 SAN LUIS TERRACE
City-St-Zip: NORTH PORT, FL 34286

Title: D () Delete
Name: TAUBE, JEFFREY
Address: 224 HERMAN ROAD
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: HOMOKY, 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: P (X) Change () Addition
Name: FEO, DAVID
Address: 3200 ALESIO AVE
City-St-Zip: NORTH PORT, FL 34286

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

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

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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 exemption stated 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 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: TINA RAE GREGOIRE

RA

01/11/2008

Electronic Signature of Signing Officer or Director

Date