

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 10, 2004
Secretary of State**

DOCUMENT# N03000000167

Entity Name: ACHIEVEMENT EDUCATIONAL SYSTEMS, INC.

Current Principal Place of Business:

5202 32ND STREET
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

810 E. STRATFORD AVENUE
TAMPA, FL 33603

New Mailing Address:

FEI Number: 20-0703871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, MICHEAL W
810 STRATFORD STREET
TAMPA, FL 33603

Name and Address of New Registered Agent:

WOODY, JAMAAL
1718 E. 7TH AVE
TAMPA, FL 33605

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: JAMAAL WOODY

02/10/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWIS, MICHEAL W
Address: 5202 32 STREET
City-St-Zip: TAMPA, FL 33603

Title: VP () Delete
Name: LEWIS, MICHEAL W
Address: 5202 32ND STREET
City-St-Zip: TAMPA, FL 33603

Title: T () Delete
Name: WHITE, SEAN R
Address: 5202 32ND STREET
City-St-Zip: TAMPA, FL 33603

Title: S () Delete
Name: GENTLE, LOUISE D
Address: 5202 32ND STREET
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARTER, PATRICIA
Address: 5202 32 STREET
City-St-Zip: TAMPA, FL 33603

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: PATRICIA CARTER

P

02/10/2004

Electronic Signature of Signing Officer or Director

Date