2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007853

Entity Name: ACHIEVE MANAGEMENT, INC.

FILED Mar 08, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace Of Dusiliess.

2215 EAST HENRY AVENUE TAMPA, FL 33610

Current Mailing Address: New Mailing Address:

2215 EAST HENRY AVENUE TAMPA, FL 33610

FEI Number: 30-0216711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RYALS, KAREN 2215 EAST HENRY AVENUE TAMPA, FL 33610 US

OFFICERS AND DIRECTORS:

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

Electronic elgitatare el regiotere

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PRES (X) Change () Addition
Name: CARLEY, SYLVIA Name: CARLEY, SYLVIA DR

 Name
 CARCET, STEVIA

 Address:
 39 COLUMBIA DRIVE

 City-St-Zip:
 TAMPA, FL 33606

 City-St-Zip:
 TAMPA, FL 33675

Title: VD () Delete Title: VD (X) Change () Addition Name: HARTNETT, JOSEPH Name: HAINES, CHARLES

Address: 2202 N. WESTSHORE BLVD. Address: 7853 GUNN HIGHWAY #260
City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33626

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 Title:
 STD () Delete
 Title:
 SEC (X) Change () Addition

 Name:
 HALLER, LEIGH ANN
 Name:
 HALLER, LEIGH ANN

 Address:
 4895 WEST WATERS AVE
 Address:
 4895 WEST WATERS AVE

 City-St-Zip:
 TAMPA, FL 33634
 City-St-Zip:
 TAMPA, FL 33634

Title: () Delete Title: TREA () Change (X) Addition
Name: ROSTETTER, CAROLYN
Address: Address: 501 BROOKER CREEK BLVD
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM CHISHOLM CFO 03/08/2007