

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90117 026 ****61.25

DOCUMENT # N20490 1. Entity Name ACHIEVEMENT ACADEMY INC.					
Principal Place of Business 716 EAST BELLA VISTA STREET C/O PAULA SULLIVAN LAKELAND, FL 33805			Mailing Address 716 EAST BELLA VISTA STREET C/O PAULA SULLIVAN LAKELAND, FL 33805		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01122006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-0774205				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SULLIVAN, PAULA 716 EAST BELLA VISTA STREET LAKELAND, FL 33805			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AIKEN, CHUCK PO BOX 7047 LAKELAND, FL 33807	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice President Randall Hellen	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, MARK PO BOX 32092 LAKELAND, FL 33802	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT, JOHN 6647 CRESENT LAKE DRIVE LAKELAND, FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD JONES, JANICE P.O. BOX 1076 LAKELAND, FL 33802	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st Vice President	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRELL, CAROLYN PO BOX 32024 LAKELAND, FL 33802	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD UNDA, LUIS 5577 HIGHLANDS VISTA CIRCLE LAKELAND, FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	☒ Change ☐ Addition
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 617, 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: <u>Paula J. Sullivan</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

1-13-06 823-683-6504