

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20490

FILED
Jan 08, 2008
Secretary of State

Entity Name: ACHIEVEMENT ACADEMY INC.

Current Principal Place of Business:

716 EAST BELLA VISTA STREET
C/O PAULA SULLIVAN
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

716 EAST BELLA VISTA STREET
C/O PAULA SULLIVAN
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 59-0774205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, PAULA
716 EAST BELLA VISTA STREET
LAKELAND, FL 33805 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: 2VP () Delete
Name: HOLLEN, RANDALL
Address: 4630 S. FLORIDA AVE
City-St-Zip: LAKELAND, FL 33813

Title: SD () Delete
Name: MILLER, MARK
Address: PO BOX 32092
City-St-Zip: LAKELAND, FL 33802

Title: TD () Delete
Name: SCOTT, JOHN
Address: 6647 CRESENT LAKE DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: 1VP () Delete
Name: JONES, JANICE
Address: P.O. BOX 1076
City-St-Zip: LAKELAND, FL 33802

Title: P () Delete
Name: UNDA, LUIS
Address: 5577 HIGHLANDS VISTA CIRCLE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 1VP (X) Change () Addition
Name: HOLLEN, RANDALL
Address: PO BOX 149
City-St-Zip: LAKELAND, FL 33802

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

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

Title: P (X) Change () Addition
Name: JONES, JANICE
Address: P.O. BOX 1076
City-St-Zip: LAKELAND, FL 33802

Title: 2VP (X) Change () Addition
Name: AIRTH, ADAM
Address: 500 S FLORIDA AVENUE, #800
City-St-Zip: LAKELAND, FL 33801

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: JOHN SCOTT

TD

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date