

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20490

FILED  
Jan 06, 2010  
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 (X)

**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: P  
Name: HOLLEN, RANDALL  
Address: PO BOX 149  
City-St-Zip: LAKELAND, FL 33802

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

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

Title: 2VP  
Name: PEEPLES, MICHAEL  
Address: 1925 E EDGEWOOD DRIVE, SUITE 100  
City-St-Zip: LAKELAND, FL 33803

Title: 1VP  
Name: AIRTH, ADAM  
Address: 500 S FLORIDA AVENUE, #300  
City-St-Zip: LAKELAND, FL 33801

I hereby 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 all other like empowered.

SIGNATURE: PAULA J. SULLIVAN

ED

01/06/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date