2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013625

Entity Name: CO-ACHIEVEMENT, INC.

FILED May 12, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 472 MACGREGOR RD. 524 CAPE COD LANE WINTER SPRINGS, FL 32708 US 104 ALTAMONTE SPRINGS, FL 32714 US **Current Mailing Address: New Mailing Address:** 472 MACGREGOR ROAD 524 CAPE COD LANE WINTER SPRINGS, FL 32708 US 104 ALTAMONTE SPRINGS, FL 32714 US FEI Number: 59-3698584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: **BUSINESS FILINGS INCORPORATED** BORNE, ALAN B P 524 CAPE COD LANE 1203 GOVERNORS SQUARE BLVD SUITE 101 SUITE 104 TALLAHASSEE, FL 323012960 US ALTAMONTE SPRINGS, FL 32714 US 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: ALAN B. BORNE 05/12/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BORNE, ALAN BORNE, ALAN B Name: Name: 472 MACGREGOR ROAD 524 CAPE COD LANE - 104 Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 Title: Title: () Delete (X) Change () Addition Name: BORNE, CAROLE Name: BORNE, RONALD F 472 MACGREGOR ROAD 528 FRONTAGE ROAD Address: Address: WINTER SPRINGS, FL 32708 **OXFORD, MS 38655** City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete BORNE, BARRY M Name: Name: 263 EVANGELINE DR. Address Address: City-St-Zip: City-St-Zip: MANDEVILLE, LA 70471 Title: () Delete Title: () Change (X) Addition BORNE, JAMES C Name: Name: Address: Address: 14120 LINCOLNSHIRE COURT City-St-Zip: City-St-Zip: **TAMPA, FL 33624** Title: Title: () Delete () Change (X) Addition LOOBY, PATRICIA E Name: Name: Address: Address: 6715 SPRINGVIEW DR City-St-Zip: City-St-Zip: WESTERVILLE, OH 43082

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN B. BORNE P 05/12/2007