

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000104053

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: ACHIEVE DEVELOPMENT INC

## Current Principal Place of Business:

12510 MEMORIAL HWY  
TAMPA, FL 33635 US

## New Principal Place of Business:

## Current Mailing Address:

19046 BRUCE B. DOWNS  
DMB #181  
TAMPA, FLORIDA, FL 33647 US

## New Mailing Address:

FEI Number: 20-0252461      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HURDLE, NELSON  
19046 BRUCE B DOWNS  
DMB #181  
TAMPA, FL US 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HURDLE, NELSON H  
Address: 19046 BRUCE B DOWNS BLVD #181  
City-St-Zip: TAMPA, FL 33647

Title: S ( ) Delete  
Name: HURDLE, VINEA  
Address: 3902 CORPOREX PARK DRIVE SUITE 100  
City-St-Zip: TAMPA, FL 33619

Title: CT ( ) Delete  
Name: WRIGHT, NAMON  
Address: 12510 MEMORIAL HWY  
City-St-Zip: TAMPA, FL 33635 US

Title: M ( ) Delete  
Name: CALLOWAY, DEAN A  
Address: 3774 LANDAU LANE  
City-St-Zip: ATLANTA, GA 30331 US

Title: M ( ) Delete  
Name: GIPSON, LOVELACE  
Address: 1043 TWINKLE TOWN ROAD  
City-St-Zip: MEMPHIS, TN 38116 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

SIGNATURE: NELSON HURDLE

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date