2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000104053

Entity Name: ACHIEVE DEVELOPMENT INC

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12510 MEMORIAL HWY TAMPA, FL 33635 **Current Mailing Address: New Mailing Address:** 19046 BRUCE B. DOWNS 12510 MEMORIAL HWY DMB #181 TAMPA, FL 33635 US TAMPA, FLORIDA, FL 33647 US FEI Number: 20-0252461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HURDLE, NELSON 14535 BRUCE B DOWNS BLVD APT 2021 TAMPA, FL, FL 33613 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HURDLE, NELSON H Name: Name: 14535 BRUCE B DOWNS BLVD APT 2021 Address: Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: Title: Title: () Delete (X) Change () Addition WRIGHT, NAMON JR Name: HURDLE, VINEA Name: 18151 HERON WALK DRIVE 12510 MEMORIAL HWY Address: Address: TAMPA, FL 33647 TAMPA, FL 33635 City-St-Zip: City-St-Zip: () Delete () Change () Addition Title: Title: WRIGHT, NAMON Name: Name: 12510 MEMORIAL HWY Address: Address: City-St-Zip: TAMPA, FL 33635 US City-St-Zip: Title: () Delete Title: () Change () Addition CALLOWAY, DEAN A Name: Name: Address: 3174 ESPLANADE CIRCLE Address: City-St-Zip: City-St-Zip: ATLANTA, GA 30309 US Title: Title: () Delete () Change () Addition GIPSON, LOVELACE Name: Name: 1043 TWINKLE TOWN ROAD Address: Address: City-St-Zip: MEMPHIS, TN 38116 US City-St-Zip:

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: NAMON WRIGHT CT 04/28/2008