2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004
Secretary of State

DOCUMENT# P03000104634

Entity Name: ACHIEVING YOUR GOALS, INC.

Current Principal Place of Business:

145 RIVERSIDE DRIVE
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

364 HARBOR DRIVE
CAPE CANAVERAL, FL 32920

Current Mailing Address:

145 RIVERSIDE DRIVE
CAPE CANAVERAL, FL 32920

New Mailing Address:

364 HARBOR DRIVE
CAPE CANAVERAL, FL 32920

FEI Number: 20-0247634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKMAN, WILLIAM A
145 RIVERSIDE DRIVE
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

TOTH, LAURI D
364 HARBOR DRIVE
CAPE CANAVERAL, FL 32920 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: LAURI D TOTH 07/19/2004
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:

Title: P ( ) Delete
Name: TOTH, LAURI D
Address: 145 RIVERSIDE DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: S ( ) Delete
Name: HICKMAN, WILLIAM A
Address: 145 RIVERSIDE DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete
Name: TOTH, LAURI D
Address: 145 RIVERSIDE DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D (X) Delete
Name: HICKMAN, WILLIAM A
Address: 145 RIVERSIDE DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TOTH, LAURI D
Address: 364 HARBOR DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: S (X) Change ( ) Addition
Name: TOTH, LAURI D
Address: 364 HARBOR DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D (X) Change ( ) Addition
Name: TOTH, LAURI D
Address: 364 HARBOR DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

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 Section 119.07(3)(i), 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: LAURI D TOTH P 07/19/2004
Electronic Signature of Signing Officer or Director Date