

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90148 021 ***150.00

DOCUMENT # P04000054185					
1. Entity Name ACHIEVEMENT IN EDUCATION, INC.					
Principal Place of Business 9077 THUNDERBIRD DRIVE #14 CORAL SPRINGS, FL 33065			Mailing Address P. O. BOX 451666 SUNRISE, FL 33345		
2. Principal Place of Business 8950 SUNRISE LAKES BLVD Suite, Apt. #, etc. #112		3. Mailing Address P.O. Box 451666 Suite, Apt. #, etc.			
City & State SUNRISE, FL		City & State SUNRISE, FL		4. FEI Number 20-1064061	
Zip 33322		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEGAL, LAWRENCE J 9077 THUNDERBIRD DRIVE #14 CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name: LAWRENCE J. SEGAL Street Address (P.O. Box Number is Not Acceptable): 8950 SUNRISE LAKES BLVD #112 City: SUNRISE FL Zip Code: 33322		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Lawrence J. Segal</u> April 21, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PRES NAME SEGAL, LARRY J STREET ADDRESS 9077 THUNDERBIRD DRIVE, #14 CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete		TITLE PRESIDENT NAME LAWRENCE J. SEGAL STREET ADDRESS 8950 SUNRISE LAKES BLVD #112 CITY-ST-ZIP SUNRISE, FL 33322	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME GRUSKIN, GLENN D STREET ADDRESS 13310 NW 12TH COURT CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE LAWRENCE J. SEGAL NAME 8950 SUNRISE LAKES BLVD #112 STREET ADDRESS SUNRISE, FL 33322 CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Lawrence J. Segal</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-21-05 754-234-2882 954-572-9105		