2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000054185

1. Entity Name
ACHIEVEMENT IN EDUCATION, INC.

Principal Place of Business	Mailing Address
8950 SUNRISE LAKES BLVD #112 SUNRISE, FL 33322	P. O. BOX 451666 SUNRISE, FL 33345

DO NOT WRITE IN THIS SPACE

03302006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1064061
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEGAL, LAWRENCE J
8950 SUNMRISE LAKES BLVD #112
SUNRISE, FL 33322

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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: Lawrence J Segal 4/3/06
(Signature, typed or printed name of registered agent and title if applicable.) (DATE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000492728
04/19/06-80075-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SEGAL, LAWRENCE J
STREET ADDRESS	8950 SUNRISE LAKES BLVD #112
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	VP
NAME	GRUSKIN, GLENN D
STREET ADDRESS	13310 NW 12TH COURT
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lawrence J Segal 4/2/06 754-234-2582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #