2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000005127

City-St-Zip:

RIVIERA BEACH, FL 33404

Entity Name: WYVREN ACADEMY, INC.

FILED Apr 30, 2003 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 1916 CIRCLE DR. JUNO, FL, FL 33408 **Current Mailing Address: New Mailing Address:** 1916 CIRCLE DR JUNO, FL, FL 33408 FEI Number: 03-0468630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONKLIN, ELIZABETH D 1916 CIRCLE DR JUNO, FL 33408 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CONKLIN, ELIZABETH D Name: Name: Address: 1916 CIRCLE DR. Address: City-St-Zip: JUNO, FL 33408 City-St-Zip: Title: () Delete Title: (X) Change () Addition CONKLIN, MARK D Name: Name: CONKLIN, MARK D Address: 1916 CIRCLE DR. Address: 1916 CIRCLE DR. City-St-Zip: JUNO, FL JUNO City-St-Zip: JUNO, FL 33408 Title: () Delete Title: () Change () Addition DEBIGARE, THERESA M Name: Name: Address: 104 E. 22ND CT. Address:

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

City-St-Zip:

SIGNATURE: ELIZABETH DEBIGARE CONKLIN D 04/30/2003