

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 12, 2005 8:00 am
Secretary of State

07-18-2005 90041 020 ****70.00

DOCUMENT # N97000001737 1. Entity Name CONKLIN INTERNATIONAL ACADEMY, INC.	
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Principal Place of Business 8966 BELVEDERE ROAD WEST PALM BEACH, FL 33411	Mailing Address P.O. BOX 210008 ROYAL PALM BEACH, FL 33421-0008
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DO NOT WRITE IN THIS SPACE

07092005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0746634	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CURRY, G. ROSS
8966 BELVEDERE ROAD
WEST PALM BEACH, FL 33411

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$81.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONKLIN, JODI 8966 BELVEDERE ROAD WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAY, ELIZABETH 8966 BELVEDERE ROAD WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: *Jodi Conklin* Aug 31/2005 5617932477
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

66027199

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 21, 2005

CONKLIN INTERNATIONAL ACADEMY, INC.
P.O. BOX 210008
ROYAL PALM BEACH, FL 33421-0008

Subject: **CONKLIN INTERNATIONAL ACADEMY, INC.**

Reference Number:

N97000001737

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION