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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039468

1. Entity Name
LEARNING YOUR WAY, INC.

Principal Place of Business	Mailing Address
5400 UNIVERSITY DRIVE SUITE 415 DAVIE, FL 33328	5400 UNIVERSITY DRIVE SUITE 415 DAVIE, FL 33328

2. Principal Place of Business	3. Mailing Address
950 S. Pine Island Rd	950 S. Pine Island Rd
Suite, Apt. #, etc. Suite 150	Suite, Apt. #, etc. Suite 150
City & State Plantation, fl	City & State Plantation, fl
Zip 33324 Country Brward	Zip 33324 Country Brward

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0915022** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEINER, RICHARD M 200 SE 6TH ST. STE 100E FORT LAUDERDALE, FL 33301	Name: Richard M. Weiner Street Address (P.O. Box Number is Not Acceptable): 3333 N. University Drive Suite A 33024 City: Davie FL Zip Code: 33[illegible]

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] 07-31-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD WEINER, WENDY H 10244 SW 18TH ST DAVIE, FL 333247436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD WEINER, RICHARD M 10244 SW 18TH ST DAVIE, FL 333247436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900022981849 08/05/03--01072--008 **550.00
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CR2E034 (10/02)

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: Wendy H Weiner 7/31/03 (954)727-8257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 8/6