

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159657

FILED  
Feb 21, 2005  
Secretary of State

Entity Name: FOOTPRINTS ACADEMY, INC.

**Current Principal Place of Business:**

273 NW 15TH STREET  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

273 NW 15TH STREET  
BOCA RATON, FL 33432 US

**New Mailing Address:**

FEI Number: 20-1939342      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRADLEY, DONALD S  
27 N. PENNOCK LANE  
SUITE 104  
JUPITER, FLORIDA, FL 33458 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: IYER, GOPAL  
Address: 273 NW 15TH STREET  
City-St-Zip: BOCA RATON, FL 33423 US

Title: D ( ) Delete  
Name: IYER, VEENA  
Address: 273 NW 15TH STREET  
City-St-Zip: BOCA RATON, FL 33423 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: IYER, GOPAL  
Address: 273 NW 15TH STREET  
City-St-Zip: BOCA RATON, FL 33432 US

Title: D (X) Change ( ) Addition  
Name: IYER, VEENA  
Address: 273 NW 15TH STREET  
City-St-Zip: BOCA RATON, FL 33432 US

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

SIGNATURE: GOPAL N. IYER

PST

02/21/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date