

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000045188

**FILED**  
**Jun 14, 2011**  
**Secretary of State**

**Entity Name:** FIRST IMPRESSIONS ACADEMY OF BOYNTON, INC.

**Current Principal Place of Business:**

3520 OLD BOYNTON ROAD  
BOYNTON BEACH, FL 33436 US

**New Principal Place of Business:**

**Current Mailing Address:**

3520 OLD BOYNTON ROAD  
BOYNTON BEACH, FL 33436 US

**New Mailing Address:**

**FEI Number:** 01-0779092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

O'KEEFE, JANICE  
8867 S.E. MARINA BAY DRIVE  
HOBE SOUND, FL 33455 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** O'KEEFE, JANICE  
**Address:** 8867 S.E. MARINA BAY DRIVE  
**City-St-Zip:** HOBE SOUND, FL 33455 US

**Title:** VP  
**Name:** O'KEEFE, JANICE  
**Address:** 8867 S.E. MARINA BAY DRIVE  
**City-St-Zip:** HOBE SOUND, FL 33455 US

**Title:** S  
**Name:** O'KEEFE, WILLIAM J  
**Address:** 8867 S.E. MARINA BAY DRIVE  
**City-St-Zip:** HOBE SOUND, FL 33455 US

**Title:** T  
**Name:** O'KEEFE, WILLIAM J  
**Address:** 8867 S.E. MARINA BAY DRIVE  
**City-St-Zip:** HOBE SOUND, FL 33455 US

I hereby 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 all other like empowered.

**SIGNATURE:** JANICE O'KEEFE

PRES

06/14/2011

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

\_\_\_\_\_  
Date