

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120650

FILED
Jan 19, 2009
Secretary of State

Entity Name: THE BLUE PRINTS ACADEMY, INC.

Current Principal Place of Business:

10352 MONACO DRIVE
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

10352 MONACO DRIVE
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 20-1525151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, SANDRA
341 W 6TH ST
JACKSONVILLE, FL 32206 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: PS () Delete
Name: JAMES, SANDRA
Address: 341 W. 6TH ST.
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: VP () Delete
Name: JAMES, DERRICK
Address: 341 W. 6TH ST.
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: T () Delete
Name: JAMES, ZERETA
Address: 5561 SHADY PINE STREET SOUTH
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: SEC () Delete
Name: JAMES, TIFFANI
Address: 1201 WHITLOCK AVENUE #2
City-St-Zip: JACKSONVILLE, FL 32211 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SANDRA JAMES

PS

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date