

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000032966

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** THE ACADEMY OF THERAPEUTIC FOOTWEAR, INC.

**Current Principal Place of Business:**

10595 HILLTOP MEADOW POINT  
SUITE 202  
BOYNTON BEACH, FL 334374837

**New Principal Place of Business:**

**Current Mailing Address:**

10595 HILLTOP MEADOW POINT  
SUITE 202  
BOYNTON BEACH, FL 334374837

**New Mailing Address:**

**FEI Number:** 20-8624287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUTMAN, GLENN M  
21280 SAWMILL COURT  
BOCA RATON, FL 334981913 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: PT ( ) Delete  
Name: LOCKARD, KENNETH G  
Address: 10595 HILLTOP MEADOW POINT  
City-St-Zip: BOYNTON BEACH, FL 334374837

Title: VPS ( ) Delete  
Name: LOCKARD, DOUGLAS  
Address: 9500 OAK GROVE CIRCLE  
City-St-Zip: DAVIE, FL 333286941

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

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

Title: VPS (X) Change ( ) Addition  
Name: LOCKARD, DOUGLAS  
Address: 5005 WINCHESTER DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

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: KENNETH LOCKARD

PRES

04/10/2009

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

\_\_\_\_\_  
Date