

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000032966

**FILED**  
**Feb 24, 2012**  
**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:**

LOCKARD, KENNETH G  
10595 HILLTOP MEADOW POINT  
BOYNTON BEACH, FL 334374837 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: PT  
Name: LOCKARD, KENNETH G  
Address: 10595 HILLTOP MEADOW POINT  
City-St-Zip: BOYNTON BEACH, FL 334374837

Title: VPS  
Name: LOCKARD, DOUGLAS  
Address: 5005 WINCHESTER DRIVE  
City-St-Zip: TITTUSVILLE, FL 32780

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: KENNETH LOCKARD

CEO

02/24/2012

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

\_\_\_\_\_  
Date