

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000072217

FILED
May 06, 2009
Secretary of State

Entity Name: LOOK UP REACH OUT ENTERPRISES, INC.

Current Principal Place of Business:

325 JULIA STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

325 JULIA STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0689600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHORTER, IVAN
1720 N.W. NORTH RIVER DR.
#613
MIAMI, FL 33125 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SAWYER, NORMA JEAN
Address: 325 JULIA STREET
City-St-Zip: KEY WEST, FL 33040

Title: VD () Delete
Name: SHORTER, IVAN
Address: 1720 N.W. NORTH RIVER DR. #613
City-St-Zip: MIAMI, FL 33125 US

Title: SD () Delete
Name: POITIER, ADRIAN
Address: 629 CAROLINE ST #3
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: SHORTER, KENNETH
Address: 683 WATERFORD LANE
City-St-Zip: CALERA, AL 35040

Title: D () Delete
Name: COLEMAN, IVA
Address: 4102 RALEIGH
City-St-Zip: ORLANDO, FL 32811

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:

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: NORMA JEAN SAWYER

PRES

05/06/2009

Electronic Signature of Signing Officer or Director

_____ Date