

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 444473

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** LOOKADOO SKYLINE LABORATORY, INC.

**Current Principal Place of Business:**

1418 SW OSPREY COVE  
PORT ST LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

1418 SW OSPREY COVE  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 59-1529069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOOKADOO JR, JD VP  
1418 SW OSPREY COVE  
PORT ST LUCIE, FL 34986 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:** PD  
**Name:** LOOKADOO, JD  
**Address:** 2506 N E LETITIA STREET  
**City-St-Zip:** JENSEN BEACH, FL 34957

**Title:** SD  
**Name:** LOOKADOO JR, JD  
**Address:** 1418 SW OSPREY COVE  
**City-St-Zip:** PORT ST LUCIE, FL 34986

**Title:** VP  
**Name:** LOOKADOO JR, JD  
**Address:** 1418 OSPREY COVE  
**City-St-Zip:** PORT ST. LUCIE, FL 34986

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:** JD LOOKADOO JR

VP

04/06/2010

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

\_\_\_\_\_  
Date