2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740025

Entity Name: LOOK AND LIVE, INC.

FILED May 07, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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124 WEST ASHLEY ST JACKSONVILLE, FL 32202

Current Mailing Address: New Mailing Address:

124 WEST ASHLEY ST JACKSONVILLE, FL 32202

FEI Number: 59-1762209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

SWAIN, WILLIAM R SWAIN, WILLIAM R 2 PRUDENTIAL PLAZA 2 PRUDENTIAL PLAZA **SUITE 1710** SUITE 1710

JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207 US

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: WILLIAM SWAIN 05/07/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

WHITTAKER, E. H. HARRISON, BOB Name: Name: Address: 1300 S. FIRST STREET Address: 3846 LA VISTA CIRCLE City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE, FL 32217

Title: VD () Delete Title: () Change () Addition

Name: SOUD, A.C. Name: Address: 3738 RIVER HALL DR Address: City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip:

Title: () Delete Title: SD (X) Change () Addition

SWAIN, W.R., Name: HODGES, DAVID Name: 3713 TIMUCUA TRAIL 12410 KILMARTIN COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 322772251 City-St-Zip: JACKSONVILLE, FL 32224

Title: TD () Delete Title: TD (X) Change () Addition

Name: BLOUNT, JOHN O. Name: STIMLER, THOMAS 6264 RIVIERA LANE 3718 SOUTHERN HILLS DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 322162532 City-St-Zip: JACKSONVILLE, FL 32225

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS STIMLER TD 05/07/2007