

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007028

FILED
Feb 13, 2007
Secretary of State

Entity Name: LOOK-AT-ME NOW CORPORATION

Current Principal Place of Business:

13850 NW 26TH AVE.
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

13850 NW 26TH AVE.
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 14-1982283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GABRIEL, PAULINE
13850 NW 26TH AVE.
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

MAYNARD, ELEANOR
13850 NW 26TH AVE.
OPA LOCKA, FL 33054 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: ELEANOR MAYNARD

02/13/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GABRIEL, PAULIN
Address: 13850 NW 26TH AVE.
City-St-Zip: OPA LOCKA, FL 33054

Title: VSD () Delete
Name: DONALD, MARY
Address: 13850 NW 26TH AVE.
City-St-Zip: OPA LOCKA, FL 33054

Title: TD () Delete
Name: MAYNARD, ELEANOR
Address: 13850 NW 26TH AVE.
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VT (X) Change () Addition
Name: ELEANOR, MAYNARD
Address: 13850 NW 26TH AVE.
City-St-Zip: OPA LOCKA, FL 33054

Title: PS (X) Change () Addition
Name: DONALD, MARY
Address: 13850 NW 26TH AVE.
City-St-Zip: OPA LOCKA, FL 33054

Title: TV (X) Change () Addition
Name: MAYNARD, ELEANOR
Address: 13850 NW 26TH AVE.
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the 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: ELEANOR MAYNARD

VT

02/13/2007

Electronic Signature of Signing Officer or Director

Date