## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2007 8:00 am Secretary of State

	1721 0171		Secretary or state	
DOCUMENT # P03000117  1. Entity Name LOOKING UPWARD, INC.	169		03-21-2007 90045 003 ***150.00	
Principal Place of Business	Mailing Address SAME A	Principal	Place 60026723	
1401 DOANE CIR	3141 VILLAGE BLVD.	•	00020120	
-LAKE-WORTH, FL 33463 US	SUITE 110			
W. P. B, 33417	WEST PALM BEACH, FL 3340	9 US	• •	
			.	1
DO NOT WRITE IN THIS SPACE			01162007 No Chg-P CR2E034 (11/05)	
		CE	4. FEI Number Applied Fo	)r
			38-3691337 Not Applica	
			\$9.75 Additional	
	-	t .	5. Certificate of Status Desired Fee Required	
6. Name and Address of Current R	egistered Agent			
		1		
RODRIGUES, ELEANOR	~ ~	1	DO NOT WRITE	-
3141-VILLAGE BLVD - SUITE 110 /40	01. Dane Cir. P.B. FL 33411		DO NOT WRITE	
WEST PALM BEACH, FL 33409			IN THIS SPACE	
$\omega \cdot \iota$	1.B. FL 334N		IN THIS SPACE	
(4) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				
<ol> <li>The above named entity submits this statement for the obligations of registered agent.</li> </ol>	the purpose of changing its register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and acc	ept
SIGNATURE	dutia dianafeshia /NOTE- Pageter	ed Agent signature required	kt when reinstating) DATE	
ognotion, typod or protect to registered agent an	(NOTE, Tregistere	- Agent signature required	DATE DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution.	~ _ ~~	6.00 May Be ded to Fees	
10. OFFICERS AND D	IRECTORS			
TITLE I PTSD				
NAME RODRIGUES, ELEONOR J	1401 Doane Cir.			
STREET ADDRESS 3141 VILLAGE BLVD SUITE 110	1401 Double Cit.			
CITY-SI-ZIP WEST PALM BEACH, FL 33409	WP.B. FL 33417			
TITLE DVP	***************************************	1		
	1. Deans 0.0			
STREET ADDRESS 3441 VILLAGE BLVD TIO	401 Doane Cir.			
CITY-ST-ZIP WEST PALM BEACH, FL 33409	W.P.B. FL 3341	,		
TITLE	W.11.27 C 3371	4		
NAME		1	• • • • • • • • • • • • • • • • • • • •	
STREET ADDRESS				
CITY-ST-ZIP			DO NOT WRITE	
**************************************			The second secon	
THE -			IN THIS SPACE	
NAME			0.7.02	
STREET ADDRESS				
CITY-S1-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME		I		
STREET ADDRESS				
CITY-ST-ZIP			•	
12. I hereby certify that the information supplied with t	his filing does not qualify for the ex	emptions contained	d in Chapter 119, Florida Statutes. I further certify that the information	
indicated on this report or supplemental report is to of the corporation or the receiver or trustee empore	rue and accurate and that my signa vered to execute this report as requ	ature shall have the	same legal effect as if made under oath; that I am an officer or direc 17, Florida Statules; and that my name appears in Block 10 or Block 1	ctor
changed, or on an attachment with an address, w	iui an omer iike empowered.			

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR