


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 05, 2005 8:00 am**  
**Secretary of State**

08-05-2005 90002 037 \*\*\*150.00

<b>DOCUMENT # P04000032214</b>	
1. Entity Name <b>LOOK AT ME VIDEOS, INC.</b>	

Principal Place of Business <b>422 E LAKESHORE DRIVE OCOE, FL 34761</b>	Mailing Address <b>422 E LAKESHORE DRIVE OCOE, FL 34761</b>
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2. Principal Place of Business <b>851 HAMMOCKS DR.</b>	3. Mailing Address <b>851 HAMMOCKS DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>OCOE, FL</b>	City & State <b>OCOE, FL</b>
Zip <b>34761</b>	Country <b>USA</b>

**50060064**

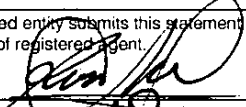
08012005 Chg-P CR2E034 (10/03)

4. FEI Number <b>13-427-5084</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>MEDA, RON 420 E LAKESHORE DRIVE OCOE, FL 34761</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

8. 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. I am familiar with, and accept the obligations of registered agent.

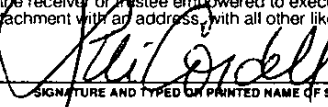
SIGNATURE  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DVT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDA, RON	NAME	
STREET ADDRESS	420 E LAKESHORE DR	STREET ADDRESS	
CITY-ST-ZIP	OCOE, FL 34761	CITY-ST-ZIP	
TITLE	DPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDELL, LILI	NAME	
STREET ADDRESS	851 HAMMOCKS DR	STREET ADDRESS	
CITY-ST-ZIP	OCOE, FL 34761	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **8/1/05** **407 716-6593**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #