

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100623

FILED
Apr 28, 2009
Secretary of State

Entity Name: LOOK AGAIN ADS AND DESIGNS, INC.

Current Principal Place of Business:

1593 FAYETTEVILLE DRIVE
SPRING HILL, FL 34609 US

New Principal Place of Business:

Current Mailing Address:

1593 FAYETTEVILLE DRIVE
SPRING HILL, FL 34609 US

New Mailing Address:

FEI Number: 26-0874404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

M & L ACCOUNTING OFFICE, INC.
5327 COMMERCIAL WAY
D-120
SPRING HILL, FL 346061420 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: P,S () Delete
Name: FILIO MANOLIS, CHRISTINA
Address: 1593 FAYETTEVILLE DRIVE
City-St-Zip: SPRING HILL, FL 34609 US

Title: VP,T () Delete
Name: MANOLIS, HARISIS
Address: 2908 47TH AVENUE SOUTH
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: D () Delete
Name: FILIO MANOLIS, CHRISTINA
Address: 1593 FAYETTEVILLE DRIVE
City-St-Zip: SPRING HILL, FL 34609 US

Title: D () Delete
Name: MANOLIS, HARISIS
Address: 2908 47TH AVENUE SOUTH
City-St-Zip: WEST PALM BEACH, FL 33415 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change () Addition
Name: MANOLIS, CHRISTINA F
Address: 1593 FAYETTEVILLE DRIVE
City-St-Zip: SPRING HILL, FL 34609 US

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: D (X) Change () Addition
Name: MANOLIS, CHRISTINA F
Address: 1593 FAYETTEVILLE DRIVE
City-St-Zip: SPRING HILL, FL 34609 US

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

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

SIGNATURE: CHRISTINA F. MANOLIS

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date