

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90060 031 ***150.00

DOCUMENT # P97000055722

1. Entity Name
 NEW LOOK PHOTOGRAPHY, INC.



Principal Place of Business
 123 TARPON AVENUE
 #1
 TARPON SPRINGS, FL 34689

Mailing Address
 6700 GRAND BLVD.
 NEW PORT RICHEY, FL 34652

2. Principal Place of Business
 235 SAN SALVADOR

3. Mailing Address
 235 SAN SALVADOR

Suite, Apt. #, etc.

City State
 DUNEDIN, FL

City State
 DUNEDIN, FL

Zip Country
 34698 U.S.

Zip Country
 34698 U.S.

03232005 Chg-P CR2E034 (10/03)

4. FEI Number
 59-3456186

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, SUSAN
 123 TARPON AVE
 #1
 TARPON SPRINGS, FL 34689

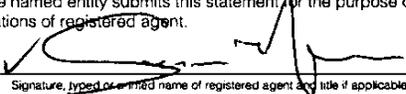
7. Name and Address of New Registered Agent

Name
 MOORE, SUSAN

Street Address (P.O. Box Number is Not Acceptable)
 235 SAN SALVADOR

City State Zip Code
 DUNEDIN, FL 34698

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:  SUSAN MOORE

(NOTE: Registered Agent signature required when reinstating)

DATE: 4-10-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

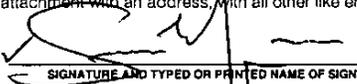
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MOORE, SUSAN	123 TARPON AVE., #1	TARPON SPRINGS, FL 34689	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	SUSAN MOORE	235 SAN SALVADOR	DUNEDIN, FL 34698	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  SUSAN MOORE

DATE: 4-10-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #