

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2006  
Secretary of State**

DOCUMENT# 740025

Entity Name: LOOK AND LIVE, INC.

**Current Principal Place of Business:**

124 WEST ASHLEY ST  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

124 WEST ASHLEY ST  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: 59-1762209      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWAIN, WILLIAM R.  
2 PRUDENTIAL PLAZA  
SUITE 1710  
JACKSONVILLE, FL 32207 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WHITTAKER, E. H.,  
Address: 1300 S. FIRST STREET  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD ( ) Delete  
Name: SOUD, A.C.  
Address: 3738 RIVER HALL DR  
City-St-Zip: JACKSONVILLE, FL 32217

Title: SD ( ) Delete  
Name: SWAIN, W.R.,  
Address: 3713 TIMUCUA TRAIL  
City-St-Zip: JACKSONVILLE, FL 322772251

Title: TD ( ) Delete  
Name: BLOUNT, JOHN O.,  
Address: 6264 RIVIERA LANE  
City-St-Zip: JACKSONVILLE, FL 322162532

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: E.H. WHITTAKER

PD

04/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date