2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 19, 2007 08:00 AM Secretary of State

DOCUMENT #	P03000093166

1. Entity Name CLEAR BLUE, INC.



Principal Place of Business

4431 ALTHEA WAY

PALM BEACH GARDENS, FL 33410

Mailing Address

4371 NORTHLAKE - 346

PALM BEACH GARDENS, FL 33410



02072007

No Chg-P

CR2E034 (11/05)

4. FEI Number 06-1704901 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

CASSADAY, LEIGH A 4431 ALTHEA WAY PALM BEACH GARDENS, FL 33410

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	named entity submits this statement for the principles of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am	familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable (NOTE Registers	d Agent signaturi	ा नव्यमान्य स्टान्स (न्याद्यक्षाम् य)	DATE	· - ··
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	00000063964 02/28/07-80034	3 -015 150.00
10.	OFFICERS AND DIREC	TORS	e.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASSADAY, LEIGH A 4431 ALTHEA WAY PALM BEACH GRADENS, FL 33410					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					and the second	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRIT	E
NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACI	E
TITLE NAME STREET ADDRESS CITY-SI-ZIP						*

tion supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information blemental 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 er or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the informal indicated on this report or sup-of the corporation or the receiver. changed, or on an attachmer

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP