2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000091319

Entity Name: THE CLEAR ADVANTAGE, INC.

5055 SW 10TH COURT

MARGATE, FL 33068

Address:

City-St-Zip:

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
750 SOUTH DIXIE HWY WEST PAMPANO BEACH, FL 33060				750 SOUTH DIXIE HWY WEST POMPANO BEACH, FL 33060	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	TH DIXIE HWY D BEACH, FL		750 SOUTH DIXIE HW POMPANO BEACH, FL		
FEI Number	: 52-2445071	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
5055 SW ²	, ERNEST W 10TH CT E, FL 33068	US			
The above in the State	e named entity s e of Florida.	submits this statement for the p	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () NORMAN, ERN 5055 SW 10TH MARGATE, FL	СТ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () SMITH-NORMA 5055 SW 10TH MARGATE, FL	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () SMITH-NORMA 5055 SW 10TH MARGATE, FL	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () SMITH, SUSAN) Delete K	Title: (Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: ERNEST W. NORMAN P 04/27/2005