

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021292

Entity Name: CLEAR ADVANTAGE SERVICES, INC.

FILED
May 02, 2006
Secretary of State

Current Principal Place of Business:

436 SAULS STREET
ORMOND BEACH, FL 32174

New Principal Place of Business:

1250 HAND AVE
SUITE B
ORMOND BEACH, FL 32174

Current Mailing Address:

436 SAULS STREET
ORMOND BEACH, FL 32174

New Mailing Address:

PO BOX 9411
DAYTONA BEACH, FL 32120

FEI Number: 20-2462804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTER, LYNN E
436 SAULS STREET
ORMOND BEACH, FL 32174 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete

Name: WALTER, LYNN E

Address: 436 SAULS STREET

City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: PRES () Delete

Name: WALTER, LYNN E

Address: 436 SAULS STREET

City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: SEC () Delete

Name: WALTER, LYNN E

Address: 436 SAULS STREET

City-St-Zip: ORMOND BEACH, FL 32174

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: LYNN WALTER

DIR

05/02/2006

Electronic Signature of Signing Officer or Director

Date