2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

ANNUAL REPORT				Secretary of Star			
DOCU	MENT # P050000315	i93			50	ecretar	y oi Sta
BLOW ME AWAY, INC.							
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Principal Plac	e of Business	Mailing Address		1			
		37025 FRAZEE HILL ROAD Dade City, FL 33523					
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, C	O NOT WRITE	IN THIS SPA	CE	4. FEI Number		Ī	Applied For Not Applicable
	and the second s	3 1	ing page 1 to 1 t	20-242 5. Certificate	of Status Desired		5 Additional
· .	6. Name and Address of Current R	agistered Agent	12	B: 4 H bul do do	it is the second	Fee R	equired
DOWNE					NOT W	olte:	
BROWNELL, CASSANDRA 37025 FRAZER HILL RD					NOT W		
DADE CIT	Y, FL 33523				THIS SP	ACE	
				1		<u> </u>	3a
8. The above	e named entity submits this statement for tions of registered agent.	he purpose of changing its registe	red office or registe	ered agent, or bo	th, in the State of Flor		
SIGNATURE.	Vassanda 1	Brancol				X212	0/07
	Signature, typed or printed name of registered agent an	d title if applicable (NDTE: Register	red Agent signature require	d when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	Slection Campaign Final Trust Fund Contribution		.00 May Be ded to Fees	U00000 04/25/07-1	710442 30042-023	3 150.D0
10.	OFFICERS AND D	IRECTORS	-	†	1		, •
TITLE NAME	P BROWNELL, CASSANDRA K				Jan John San Hair	to the end	April Sheet
STREET ADDRESS	37025 FRAZEE HILL ROAD DADE CITY, FL 33523			14	71 · · · ·	1	٠.
TITLE	VP				· · · · · · · · · · · · · · · · · · ·	mar in a	raina da
NAME STREET ADDRESS	HAYDEN, KATHY A 37025 FRAZEE HILL ROAD						e i jako elle
CITY-ST-ZIP	DADE CITY, FL 33523		_			•	i m
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STREET ADDRESS CITY-ST-ZIP					1401 44	1.7.1 1 him	, , , , , , , , , , , , , , , , , , , ,
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NAME STREET ADDRESS				Tall Control	1.5 ki (40 n.5)		
CITY-ST-ZIP					, , , , , , , , , , , , , , , , , , ,		100
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STREET ADDRESS CITY-ST-ZIP			The state of the s		State of the second	च क्षेत्र्य । १ स्थापन	a Carattana
TITLE	144 144 144 144 144 144 144 144 144 144		1	6"			· · · · · · · · · · · · · · · · · · ·

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

SIGNATUREX Cassands LBsandle
SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

12/26/07 X 352.585-60978