

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P05000031593

1. Entity Name
BLOW ME AWAY, INC.



Principal Place of Business
**37025 FRAZEE HILL ROAD
DADE CITY, FL 33523**

Mailing Address
**37025 FRAZEE HILL ROAD
DADE CITY, FL 33523**



02262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2425465

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROWNELL, CASSANDRA
37025 FRAZER HILL RD
DADE CITY, FL 33523**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Cassandra K Brownell
(Signature, typed or printed name of registered agent and title if applicable)

2/20/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000710442
04/25/07-80042-023 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BROWNELL, CASSANDRA K**
STREET ADDRESS **37025 FRAZEE HILL ROAD**
CITY-ST-ZIP **DADE CITY, FL 33523**

TITLE **VP**
NAME **HAYDEN, KATHY A**
STREET ADDRESS **37025 FRAZEE HILL ROAD**
CITY-ST-ZIP **DADE CITY, FL 33523**

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IN THIS SPACE**

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.

SIGNATURE Cassandra K Brownell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/07 352-585-6098
Date Daytime Phone #