


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P05000058163	
1. Entity Name CLEAR-AWAY, INC.	

Principal Place of Business 3521 ELEVEN MILE ROAD FORT PIERCE, FL 34945	Mailing Address 3521 ELEVEN MILE ROAD FORT PIERCE, FL 34945
-------------------------------------------------------------------------------	-------------------------------------------------------------------



02082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2878330	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HAYS, PETER B 3521 ELEVEN MILE ROAD FORT PIERCE, FL 34945
------------------------------------------------------------------------------------------------------------------------

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-filing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYS, PETER B 3521 ELEVEN MILE ROAD FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WADDELL, BRENT W 1098 NW KUBIN AVE JENSN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYS, JR., PETER B 3521 ELEVEN MILE ROAD FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000688162  
03/27/07-80019-005 150.00

**DO NOT WRITE  
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: Peter B. Hays, Jr. Peter B. Hays, Jr. 3/14/07 (381) 633-8181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #