


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

Pay

FILED

FBB Feb 16, 2007 08:00 A
Secretary of State

DOCUMENT # P05000100126
1. Entity Name
CLEARVIEW MAGNIFIERS INCORPORATED



Principal Place of Business
2595 TAMPA ROAD
SUITE H
PALM HARBOR, FL 34684 US

Mailing Address
2595 TAMPA ROAD
SUITE H
PALM HARBOR, FL 34684 US



DO NOT WRITE IN THIS SPACE

01062007 No Chg-P CR2E034 (11/05)

4. FEI Number
29-0401192

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VUMBACO, TERESA
2595 TAMPA RD.
SUITE H
PALM HARBOR, FL 34684

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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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

U00000638401
02/27/07-80028-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VUMBACO, TERESA
STREET ADDRESS	2595 TAMPA ROAD, SUITE H
CITY - ST - ZIP	PALM HARBOR, FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *TERESA VUMBACO* *TERESA VUMBACO* *2-13-07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Phone #