


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90104 008 \*\*\*150.00

<b>DOCUMENT # P97000001080</b>	
1. Entity Name <b>CLEARWATER PARASAIL, INC.</b>	

Principal Place of Business <b>1201 GULF CLEARWATER, FL 33667</b>	Mailing Address <b>13890 WILCOX RD LARGO, FL 33774 US</b>
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2. Principal Place of Business - No P.O. Box # <b>138 Orangewood Drive</b>	3. Mailing Address <b>138 Orangewood Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Dunedin, FL</b>	City & State <b>Dunedin, FL</b>
Zip <b>34698</b>	Country <b>Pinellas</b>
Zip <b>34698</b>	Country <b>Pinellas</b>

01102007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3423239</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CONATSER, CLIFTON 13890 WILCOX RD LARGO, FL 33774</b>	
7. Name and Address of New Registered Agent Name <b>Christopher J. Biery</b> Street Address (P.O. Box Number is Not Acceptable) <b>138 Orangewood Drive</b> City <b>Dunedin</b> FL <b>34698</b>	

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 <i>Christopher J. Biery</i> Signature, typed or printed name of registered agent and title if applicable	DATE <i>1/10/07</i> (NOTE: Registered Agent signature required when reinstating)

<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"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRADY, HUGH P.O. BOX 40 CHASE MILLS, NY 13624 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Christopher J. Biery 138 Orangewood Drive Dunedin, FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONATSER, CLIFTON 13890 WILCOX RD LARGO, FL 33774 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONATSER, KAREN 13890 WILCOX RD LARGO, FL 33774 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 <i>Christopher J. Biery</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>1/10/07</i> Date	DAYTIME PHONE # <i>(727) 403-8807</i> Daytime Phone #
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