


2007 FOR PROFIT CORPORATION ANNUAL REPORT

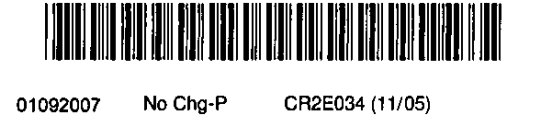
FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 598445
 1. Entity Name
 I 75 / S 80 CORP.



Principal Place of Business % L.H. ALEXANDER, CPA 2831 RINGLING BLVD STE 112C SARASOTA, FL 34237 US	Mailing Address % L.H. ALEXANDER, CPA 2831 RINGLING BLVD STE 112C SARASOTA, FL 34237 US
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4. FEI Number 59-1875950	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RITCHEY, JAMES .
 1550 RINGLING BLVD.
 SARASOTA, FL 33577

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MOORE, JOSEPH W. 74 COLBY RD MOULTONBORO, NH 03254
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LYNN, JAMES H 58 HANCOCK ROAD NEEDHAM, MA 02492
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LYNN, MEREDITH M 58 HANCOCK RD. NEEDHAM, MA 02492
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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 01/23/07-80050-017 150.00

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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: *Meredith M. Lynn* (scip) *Jan 18, 2007* 781-449-1036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #