


**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90307 046 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # P98000067499			
1. Entity Name SEVENTY-FIVE EAST, INC.			
Principal Place of Business 1000 NORTH HIATUS ROAD #100 PEMBROKE PINES, FL 33026		Mailing Address 1000 NORTH HIATUS ROAD #100 PEMBROKE PINES, FL 33026	
2. Principal Place of Business 400 N. PINE ISLAND RD		3. Mailing Address 400 N. PINE ISLAND RD	
Suite, Apt. #, etc. 300		Suite, Apt. #, etc. 300	
City & State PLANTATION, FL		City & State PLANTATION, FL	
Zip 33324 Country U.S.A		Zip 33324 Country U.S.A	
4. FEI Number 65-0855355		Applied For <input 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 E.H.G. RESIDENT AGENTS, INC. 5100 TOWN CENTER CIRCLE SUITE 430 BOCA RATON, FL 33486		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, ROBERT B 1000 NORTH HIATUS ROAD, STE 100 PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, ROBERT B 400 N. PINE ISLAND RD SUITE 300 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, LEONARD 1000 NORTH HIATUS ROAD, STE 100 PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, LEONARD 400 N. PINE ISLAND RD SUITE 300 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERGER, ADOLPH 1000 NORTH HIATUS RD STE 100 PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERGER, ADOLPH <del>400 N. PINE ISLAND RD SUITE 300</del> PLANTATION, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BERGER, HELENE 1000 NORTH HIATUS RD STE 100 PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BERGER, HELENE 400 N. PINE ISLAND RD SUITE 300 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MILLER, CORINNE M 1000 NORTH HIATUS RD STE 100 HOLLYWOOD, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MILLER, CORINNE M 400 N. PINE ISLAND RD SUITE 300 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COTT, LAWRENCE J 1000 NORTH HIATUS RD STE 100 PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COTT, LAWRENCE J 400 N. PINE ISLAND RD SUITE 300 PLANTATION, FL 33324 <input checked="" 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 507, 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 filers empowered.			
SIGNATURE: <i>Corinne M. Cott</i>		Date: 4/26/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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