

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90022 032 ***158.75

DOCUMENT # F06000001244

1. Entity Name
ZH 75, INC.



Principal Place of Business
2500 VENTURE OAKS WAY, SUITE 175
SACRAMENTO, CA 95833

Mailing Address
2500 VENTURE OAKS WAY, SUITE 175
SACRAMENTO, CA 95833

40071110



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0388737

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	LEWIS, JULIAN
STREET ADDRESS	2500 VENTURE OAKS WAY, SUITE 175
CITY-ST-ZIP	SACRAMENTO, CA 95833
TITLE	D
NAME	LEWIS, DAVID
STREET ADDRESS	2500 VENTURE OAKS WAY, SUITE 175
CITY-ST-ZIP	SACRAMENTO, CA 95833
TITLE	DP
NAME	HILL, EVA H
STREET ADDRESS	2500 VENTURE OAKS WAY, SUITE 175
CITY-ST-ZIP	SACRAMENTO, CA 95833
TITLE	S
NAME	SOIN, MARIANNE
STREET ADDRESS	2500 VENTURE OAKS WAY, SUITE 175
CITY-ST-ZIP	SACRAMENTO, CA 95833
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVA H. HILL, President

4/15/08
Date

916 263-0222
Daytime Phone #