
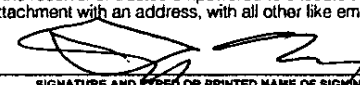


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90002 010 ***150.00

| | | | | | |
|--|---|--|---|---|--|
| DOCUMENT # G03733 1. Entity Name NEW I-75 INC. | | | |  | |
| Principal Place of Business XX XXXXX XX XX XXXXX XX XXX | | | | Mailing Address XX XXXXX XX XX XXXXX XX XXX | |
| 2. Principal Place of Business - No P.O. Box # 401 N. Military Trail Suite, Apt. #, etc. STE 1048 | | 3. Mailing Address P.O. Box 32247 Suite, Apt. #, etc. | | | |
| City & State West Palm Beach, Fl. | | City & State Palm Bch. Gardens, Fl. | | 4. FEI Number 59-2243563 | |
| Zip 33415 | | Country U.S. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MALYSZKO, GEORGE STE 1048 401 N MILITARY TRL WEST PALM BEACH, FL 33415 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVD MALYSZKO, GEORGE STE 1048 401 N MILITARY TRL WEST PALM BEACH, FL 33415 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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:  6-21-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |