2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000022609

1. Entity Name 75/275 INVESTMENT CORP.



FILED Apr 10, 2006 08:00 AM Secretary of State

Principal Place of Business 15802 AMBERLY DR C/O JOHN T. ZIELENBACH

TAMPA, FL 33647 US

Mailing Address

15802 AMBERLY DR C/O JOHN T. ZIELENBACH TAMPA, FL 33647 US



01122006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3175961

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

5. Name and Address of Current Registered Agent

ALEXANDER, LARRY B

NOT WOITE

505 S. FLAGLER DRIVE SUITE 1100 WEST PALM BEACH, FL 33401			IN THIS SPACE		
	e named entity submits this statement for the pr tions of registered agent.	urpose of changing its registered office of	r registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered egent and title to	applicable INCTE: Registered Agent signs	ture required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS	D MEANS, JOHN 1 RIVERFRONT CENTER				
CITY-ST-ZIP	PITTSBURGH, PA				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST APOSTOLICAS, GEORGE 221 HANOVER ST. MANCHESTER, NH		000000498578 04/22/06-80101-001 150.00 DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ZIELENBACH, JOHN T. 15802 AMBERLY DR. TAMPA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME SIREET ADDRESS CITY-ST-ZIP					
פתוד					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 118, 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 resember 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:

NAME STREET ADDRESS CITY-ST-ZIP