

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10197

Entity Name: TRIVEST, INC.

FILED
Feb 15, 2007
Secretary of State

Current Principal Place of Business:

2665 S BAYSHORE DR.
STE 800
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2665 S BAYSHORE DR.
STE 800
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 36-3352654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GERHSMAN, DAVID
2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SGC () Delete
Name: GERSHMAN, DAVID
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 800
City-St-Zip: MIAMI, FL 33133 US

Title: TCON () Delete
Name: CALLEJAS, MARIA
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 800
City-St-Zip: MIAMI, FL 33133 US

Title: COO () Delete
Name: TEMPLETON, TROY D
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 800
City-St-Zip: MIAMI, FL 33133 US

Title: DCEO () Delete
Name: POWELL, EARL W
Address: 2665 SOUTH BAYSHORE DR.IVE, SUITE 800
City-St-Zip: MIAMI, FL 33133 US

Title: ASV () Delete
Name: BAKER, LINDA
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 800
City-St-Zip: MIAMI, FL 33133 US

Title: AS () Delete
Name: DENNIS, PHYLLIS G
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 800
City-St-Zip: MIAMI, FL 33133 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SGC (X) Change () Addition
Name: GERSHMAN, DAVID
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 800
City-St-Zip: MIAMI, FL 33133 US

Title: CFO (X) Change () Addition
Name: MORAN, RICHARD H
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 800
City-St-Zip: MIAMI, FL 33133 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS G. DENNIS

AS

02/15/2007

Electronic Signature of Signing Officer or Director

_____ Date