

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16046

FILED
Feb 15, 2007
Secretary of State

Entity Name: TRIVEST PLAN SPONSOR, INC.

Current Principal Place of Business:

2665 SOUTH BAYSHORE DR, SUITE 800
MIAMI, FL 33133 US

Current Mailing Address:

2665 SOUTH BAYSHORE DR, SUITE 800
MIAMI, FL 33133 US

New Principal Place of Business:

2665 SOUTH BAYSHORE DR,
SUITE 800
MIAMI, FL 33133 US

New Mailing Address:

2665 SOUTH BAYSHORE DR,
SUITE 800
MIAMI, FL 33133 US

FEI Number: 65-0006158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GERSHMAN, 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: CPD () Delete
Name: POWELL, EARL W
Address: 2665 S. BAYSHORE DR., SUITE 800
City-St-Zip: MIAMI, FL 33133 US

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

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

Title: SGC () Delete
Name: GERSHMAN, DAVID
Address: 2665 S BAYSHORE DR STE 800
City-St-Zip: MIAMI, FL 33133 US

Title: VAS () Delete
Name: BAKER, LINDA E
Address: 2665 S BAYSHORE DR STE 800
City-St-Zip: MIAMI, FL 33133 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CFO (X) Change () Addition
Name: MORAN, RICHARD H
Address: 2665 S BAYSHORE DR, 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:

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