

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90176 042 \*\*\*150.00

<b>DOCUMENT # V19807</b> 1. Entity Name <b>TRI-FIVE PROPERTY MANAGEMENT CORPORATION</b>					
Principal Place of Business <b>10649 MASTERS DRIVE</b> <b>CLERMONT, FL 34711 US</b>			Mailing Address <b>ONE YORKDALE ROAD SUITE 510</b> <b>TORONTO ONTARIO</b> <b>CANADA M6A 3A1, XX</b>		
2. Principal Place of Business <b>9617 SPRING LAKE DRIVE</b>		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>CLERMONT, FL</b>		City & State 		4. FEI Number <b>59-3110685</b>	
Zip <b>34711</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>PRATT, JAMES R ESQ.</b> <b>GRAHAM, CLARK, JONES, BUILDER, PRATT &amp; MARKS</b> <b>369 NORTH NEW YORK AVENUE, 3RD FLOOR</b> <b>WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent Name 		
Street Address (P.O. Box Number is Not Acceptable) 			Street Address (P.O. Box Number is Not Acceptable) 		
City 			City <b>FL</b>		
Zip Code 			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)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE <b>PD</b>	<input type="checkbox"/> Delete				
NAME <b>LUBIN, LAWRENCE D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS <b>ONE YORKDALE RD, STE 510</b>	STREET ADDRESS 				
CITY-ST-ZIP <b>TORONTO, ONTARIO, CA m6a 3a1</b>	CITY-ST-ZIP 				
TITLE <b>VDS</b>	<input type="checkbox"/> Delete				
NAME <b>SILVER, SHOEL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS <b>ONE YORKDALE RD STE 510</b>	STREET ADDRESS 				
CITY-ST-ZIP <b>TORONTO, ONTARIO, CA m6a 3a1</b>	CITY-ST-ZIP 				
TITLE <b>D</b>	<input type="checkbox"/> Delete				
NAME <b>COOPER, BERNARD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS <b>ONE YORKDALE RD STE 510</b>	STREET ADDRESS 				
CITY-ST-ZIP <b>TORONTO, ONTARIO, CA m6a 3a1</b>	CITY-ST-ZIP 				
TITLE <b>T</b>	<input type="checkbox"/> Delete				
NAME <b>FISHER, MATTHEW</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS <b>ONE YORKDALE RD STE 510</b>	STREET ADDRESS 				
CITY-ST-ZIP <b>TORONTO, ONTARIO, CA m6a 3a1</b>	CITY-ST-ZIP 				
TITLE 	<input type="checkbox"/> Delete				
NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 	STREET ADDRESS 				
CITY-ST-ZIP 	CITY-ST-ZIP 				
TITLE 	<input type="checkbox"/> Delete				
NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 	STREET ADDRESS 				
CITY-ST-ZIP 	CITY-ST-ZIP 				
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.					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>April 10, 2006</b>					
Daytime Phone # <b>410-785-6000</b>					