2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #V19807

1. Entity Name

TRI-FIVE PROPERTY MANAGEMENT CORPORATION



Principal Place of Business

9617 SPRING LAKE DRIVE CLERMONT, FL 34711 US Mailing Address

ONE YORKDALE ROAD SUITE 510 TORONTO ONTARIO CANADA M6A 3A1, XX

FILED Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90231 049 ***150.00



04202007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3110685

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRATT, JAMES R ESQ. GRAHAM, CLARK, JONES, BUILDER, PRATT & MARKS 369 NORTH NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789

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WINTER PARK, FL 32/89			IN THIS STAGE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE Registered	1 Agent signatur	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE	PD		1		
NAME	LUBIN, LAWRENCE D				
STREET ADDRESS	ONE YORKDALE RD, STE 510				
CITY-ST-ZIP	TORONTO, ONTARIO, CA m6a 3a1				
TITLE	VDS		1		
NAME	SILVER, SHOEL				
STREET ADDRESS	ONE YORKDALE RD STE 510				
CITY-ST-ZIP	TORONTO, ONTARIO, CA m6a 3a1				,
TITLE	D				
NAME	COOPER, BERNARD		1		
STREET ADDRESS	ONE YORKDALE RD STE 510		l	DO B	NOT WRITE
CITY-ST-ZIP	TORONTO, ONTARIO, CA m6a 3a1		i	ו טע	AOI AAKIIE
TITLE	Т			IN T	HIS SPACE
NAME	FISHER, MATTHEW			114 1	IIIO OI AOL
STREET ADDRESS	ONE YORKDALE RD STE 510				
CITY-ST-ZIP	TORONTO, ONTARIO, CA m6a 3a1				
TITLE					
NAME					
STREET ADDRESS					

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:

CITY-ST-ZIP

NAME STREET ADDRESS

STORATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 2 5 2007

4110-785-6000

Daytime Phone