SIGNATURE:

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # V19807 1. Entity Name TRI-FIVE PROPERTY MANAGEMENT CORPORATION								04-28-2009	8 90326 0	37 ***15	50.00	
Principal Plac 9617 SPRINC CLERMONT, I	G LAKE DRIN		Mailing Address ONE YORKDALE ROAD SUITE 510 TORONTO ONTARIO CANADA M6A 3A1, XX									
2. Principal Place of Business - No P.O. Box #			3. Mailing Address One Yorkdale Road									
Suite, Apt. #, etc.			Suite GOI				04112008	Chg-P	CR2E03	4 (12/06)		
City & State			Toronto, Ontario				4. FEI Numbe 59-311				plied For Applicable	
Zip		Country	MUA 3A1	Car	<u>"åda</u>		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
	6. Name	and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent Name							
PRATT, JAMES R ESQ. GRAHAM,CLARK,JONES,BUILDER,PRATT & MARKS 369 NORTH NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789						Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	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												
Signature, typed or printed name of registered upent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution.												
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS,	CHANGES TO OFF			S IN 11	
NAME	1	AWRENCE D	Delete	TITLE MAM CYPE	E E EI ADDRESS	\n0.	Yorkdale	e Road, S	urte (X Change	☐ Addition	
STREET ADDRESS CHY-\$T-ZIP		RKDALE RD, STE 510 O, ONTARIO, CA m6a	3a1	SI-ZIP Toronto, ON Canada MUA 3AI								
TITLE . NAME STREET ADDRESS CITY-ST-ZIP		SHOEL RKDALE RD STE 510 O, ONTARIO, CA m6a	☐ Delete	•	Ε			ile Rood, N Cana		Change	Addition	
TITLE NAME STAFF LADDRESS CITY STAFF	D COOPER ONE YOR	R, BERNARD RKDALE RD STE 510 O, ONTARIO, CA m6a	☐ Delete		E a	-0	Vacloch	10, Rosa	1 51	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
NAME NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i i					☐ Change	Addition	
12. I hereby certify that the information supplied with this filling 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 empoyered 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.												

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR