

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2006 90176 037 ***150.00

DOCUMENT # V73524	
1. Entity Name TBF LAKE MARY, INC.	



Principal Place of Business 10649 MASTERS DRIVE CLERMONT, FL 34711 US	Mailing Address ONE YORKDALE ROAD, SUITE 510 TORONTO, ONTARIO, CANADA M6A 3A1, XX
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40062391



2. Principal Place of Business 9617 SPRING LAKE DRIVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04062006 Chg-P CR2E034 (11/05)

City & State CLERMONT, FL	City & State
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4. FEI Number 59-3154296	Applied For <input type="checkbox"/> Not Applicable
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Zip 34711	Country USA	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
PRATT, JAMES R ESQ. GRAHAM, CLARK, JONES, BUILDER, PRATT & MARKS 369 N. NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789	

7. Name and Address of New Registered Agent	
Name	
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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SILVER, SHOEL ONE YORKDALE ROAD, STE 510 TORONTO, ONT, CA m6a 3a1 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS COOPER, BERNARD ONE YORKDALE ROAD, STE 510 TORONTO, ONT, CA m6a 3a1 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LUBIN, LAWRENCE ONE YORKDALE ROAD, STE 510 TORONTO, ONT, CA m6a 3a1 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUBIN, LAWRENCE ONE YORKDALE ROAD, STE 510 TORONTO, ONT, CA m6a 3a1 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2006

Date

Daytime Phone #

416-785-6000