

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000016332

1. Entity Name
 TMA ENTERPRISES OF BREVARD, INC.



Principal Place of Business
 2662 BRADFORDT DR.
 WEST MELBOURNE, FL 32904

Mailing Address
 2662 BRADFORDT DR.
 WEST MELBOURNE, FL 32904



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3701471

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, TAMARA M
 2662 BRADFORDT DR.
 WEST MELBOURNE, FL 32904

DO NOT WRITE IN THIS SPACE

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 this if applicable. (NOTE: Registered Agent signature required when re-registering)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000418344
 02/14/06-80004-007 150.00

10. OFFICERS AND DIRECTORS

TITLE: D
 NAME: ADAMS, TAMARA M
 STREET ADDRESS: 2662 BRADFORDT DR.
 CITY-ST-ZIP: WEST MELBOURNE, FL 32904

TITLE: D
 NAME: ADAMS, ALTON F JR.
 STREET ADDRESS: 2662 BRADFORDT DR.
 CITY-ST-ZIP: WEST MELBOURNE, FL 32904

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 CITY-ST-ZIP

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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: _____

Tamara Adams - Tamara Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/06 321-777-9474