


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 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

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000581647
 01/10/07-80096-005 150.00

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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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* 1/8/07 321-222-9474
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #