


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000016332  
 1. Entity Name  
 TMA ENTERPRISES OF BREVARD, INC.



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



02132008      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-3701471      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000831765  
 02/27/08-80031-021 150.00

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	

**DO NOT WRITE IN THIS SPACE**

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*      Date: *2/15/08*      Daytime Phone #: *321-777-9474*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #