


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
 05 JUN 21 PM 2:48  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # F0300004848</b> 1. Entity Name <b>MMA ADVISORY SERVICES, INC.</b>	
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Principal Place of Business <b>218 NORTH CHARLES STREET STE. 500 BALTIMORE, MD 21201</b>	Mailing Address <b>218 NORTH CHARLES STREET STE. 500 BALTIMORE, MD 21201</b>
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2. Principal Place of Business <b>621 East Pratt Street</b> Suite, Apt. #, etc. <b>Suite 300</b>	3. Mailing Address <b>621 East Pratt Street</b> Suite, Apt. #, etc. <b>Suite 300</b>
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City & State <b>Baltimore, MD 21202</b>	City & State <b>Baltimore, MD 21202</b>		
Zip <b>21202</b>	Country <b>U.S.</b>	Zip <b>21202</b>	Country <b>U.S.</b>

06202005    Chg-P    CR2E034 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>

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 \$550.00**  
**Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE	PSTD <input type="checkbox"/> Delete
NAME	WALTON, MICHAEL W
STREET ADDRESS	621 EAST PRATT STREET, SUITE 300
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	D <input type="checkbox"/> Delete
NAME	FALCONE, MICHAEL
STREET ADDRESS	621 EAST PRATT STREET, SUITE 300
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	VP <input type="checkbox"/> Delete
NAME	BERNARD, PAUL
STREET ADDRESS	621 EAST PRATT STREET, SUITE 300
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>800056528158</b>
CITY-ST-ZIP	<b>06/27/05--01008--013 **550.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>800056528068</b>
CITY-ST-ZIP	<b>06/27/05--01008--014 **8.75</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, will all other like empowered.

SIGNATURE: *Michael Falcone*      Michael Falcone 6-20-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

JUN 21 2005