

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED


10/2

06 SEP 12 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
300079718793



09112006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # F03000003313</b>					
1. Entity Name TLA ASSOCIATES INC					
Principal Place of Business 6412 BEULAH STREET ALEXANDRIA, VA 22310			Mailing Address 6412 BEULAH STREET ALEXANDRIA, VA 22310		
2. Principal Place of Business <b>4810 EASTGATE MALL</b>		3. Mailing Address <b>4810 EASTGATE MALL</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>SAN DIEGO, CA</b>		City & State <b>SAN DIEGO, CA</b>		4. FEI Number 52-2228456	
Zip <b>92121</b>		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <b>CORPORATION SERVICE COMPANY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS STREET</b>  City <b>TALLAHASSEE</b> FL Zip Code <b>32301</b>		
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 <u><i>Joyce L. Markley</i></u> <b>Joyce L. Markley as its agent</b> <u>9/12/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 15, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP GOMER, ANDREW 6412 BEULAH STREET ALEXANDRIA, VA 22310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVID ROBIN MICKLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4810 EASTGATE MALL SAN DIEGO, CA 92121		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP JEYANATHAN, AYAMPILLAY 6412 BEULAH STREET ALEXANDRIA, VA 22310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR V.P., CFO, TREASURER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DEANNA H. LUND 4810 EASTGATE MALL SAN DIEGO, CA 92121		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVY, FRED 6412 BEULAH STREET ALEXANDRIA, VA 22310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P., CONTRACTS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PAUL ROSSEU 4810 EASTGATE MALL SAN DIEGO, CA 92121		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEACH, MICHAEL 6412 BEULAH STREET ALEXANDRIA, VA 22310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ADAM LARSON 4810 EASTGATE MALL SAN DIEGO, CA 92121		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: <u><i>Adam Larson</i></u>		ADAM LARSON, SECRETARY 9/11/06 858 228-2646			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



CORPORATION SERVICE COMPANY

2072

RECEIVED

06 SEP 12 AM 10:46

ACCOUNT NO. : 072100000032

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

REFERENCE : 385613

5172953

AUTHORIZATION

COST LIMIT : \$ 550.00

*[Signature]*

ORDER DATE : September 11, 2006

ORDER TIME : 10:07 AM

ORDER NO. : 385613-005

CUSTOMER NO: 5172953

ANNUAL REPORT FILING

NAME: JMA ASSOCIATES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Joyce Markley - Ext. 2930

EXAMINER'S INITIALS:

*DSK*  
9/12/06