

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

**DOCUMENT # F03000004848**

1. Entity Name  
**MMA ADVISORY SERVICES, INC.**



Principal Place of Business  
**218 NORTH CHARLES STREET STE. 500  
BALTIMORE, MD 21201**

Mailing Address  
**218 NORTH CHARLES STREET STE. 500  
BALTIMORE, MD 21201**

2. Principal Place of Business <b>621 East Pratt Street</b>		3. Mailing Address <b>621 East Pratt Street</b>	
Suite, Apt. #, etc. <b>Suite 300</b>		Suite, Apt. #, etc. <b>Suite 300</b>	
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
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WALTON, MICHAEL W 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800056528158 06/27/05--01008--013 **550.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALCONE, MICHAEL 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800056528158 06/27/05--01008--014 **8.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERNARD, PAUL 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202 <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
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 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 #

FILED JUN 21 2005