2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K22809

Entity Name: MMA FINANCIAL HOLDINGS, INC.

FILED Mar 23, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
33 N. GARDEN AVENUE, STE. 1200 CLEARWATER, FL 33755 US				621 EAST PRATT STREET SUITE 300 BALTIMORE, MD 21202 US				
Current Mailing Address:				New Mailing Address:				
621 EAST PRATT STREET SUITE 300 BALTIMORE, MD 21202								
FEI Number: 59-2892513 FEI Number Applied For () FEI I			FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Na					Name and Address of New Registered Agent:			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US 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.								
SIGNATURE: Electronic Signature of Registered Agent				Date				
Election Cam		Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	FALCONE, MICH.	STREET, SUITE 300		Title: Name: Address: City-St-Zip:	() C	Change () Addition		
Title: Name: Address: City-St-Zip:	HARRISON, WILL	STREET, SUITE 300		Title: Name: Address: City-St-Zip:	()0	Change () Addition		
Title: Name: Address: City-St-Zip:	MCHUGH, JANET	STREET, SUITE 300		Title: Name: Address: City-St-Zip:	GOLDBERG, STE	STREET, SUITE 300		
Title: Name: Address: City-St-Zip:	MENTESANA, GA	STREET, SUITE 300		Title: Name: Address: City-St-Zip:	()C	change () Addition		
Title: Name: Address: City-St-Zip:	COLE, EARL W I	STREET, SUITE 300		Title: Name: Address: City-St-Zip:	()0	Change () Addition		
Title: Name: Address: City-St-Zip:	GIBSON, SHEILA	STREET, SUITE 300		Title: Name: Address: City-St-Zip:	CONNOLLY, VIRO	STREET, SUITE 300		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA CONNOLLY AS 03/23/2006