## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

D	OCUMENT	#	P01	1455
•	Casina Maria			

MMA CAPITAL CORPORATION

Principal Place of Business

**621 EAST PRATT STREET** 

SUITE 300

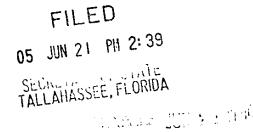
BALTIMORE, MD 21202 US



Mailing Address

**621 EAST PRATT STREET** 

SUITE 300 BALTIMORE, MD 21202 US





06202005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2395304

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

410-263-2882

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324

SIGNATURE:

## 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									
SIGNATURE	Signature, typed or printed name of registered agent and title	il applicable. (NOT)	E: Registered Agent signature	required when reinstating)		DATE			
FILE NOW!!! FEE 18 \$550.00  Due by September 7, 2005  9. Election Campaign Final Trust Fund Contribution				\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRE	CTORS	上一条编码		1.00	man 17 that the first of the second			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D FALCONE, MICHAEL 621 EAST PRATT STREET, SUITE 3 BALTIMORE, MD 21202	00				19455			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRISON, WILLIAM S 621 EAST PRATT STREET, SUITE 3 BALTIMORE, MD 21202			18 2 06%	4/0501041-	-005 ***550:00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				. DO	NOT WR	İTE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPA	CE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				50	) ) ) ) ) ) ) )	9455 X			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	106724	CUSTRIBLE TO	TO STATE OF THE ST			
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, with all other like empowered.									

DF SIGNING OFFICER OR DIRECTOR