


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01455 1. Entity Name MMA CAPITAL CORPORATION	
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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
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DO NOT WRITE IN THIS SPACE

FILED
05 JUN 21 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2395304	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,D FALCONE, MICHAEL 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARRISON, WILLIAM S 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202
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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.

SIGNATURE: William S. Harrison William Harrison 6-10-05 410-263-2883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #