

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01455

FILED
Mar 24, 2006
Secretary of State

Entity Name: MMA CAPITAL CORPORATION

Current Principal Place of Business:

621 EAST PRATT STREET
SUITE 300
BALTIMORE, MD 21202 US

New Principal Place of Business:

Current Mailing Address:

621 EAST PRATT STREET
SUITE 300
BALTIMORE, MD 21202 US

New Mailing Address:

FEI Number: 59-2395304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FALCONE, MICHAEL
Address: 621 EAST PRATT STREET, SUITE 300
City-St-Zip: BALTIMORE, MD 21202 US

Title: T () Delete
Name: HARRISON, WILLIAM S
Address: 621 EAST PRATT STREET, SUITE 300
City-St-Zip: BALTIMORE, MD 21202 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: LUNDQUIST, MELANIG M
Address: 621 EAST PRATT STREET, SUITE 300
City-St-Zip: BALTIMORE, MD 21202 US

Title: AS () Change (X) Addition
Name: CONNOLLY, VIRGINIA G
Address: 621 EAST PRATT STREET, SUITE 300
City-St-Zip: BALTIMORE, MD 21202

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

03/24/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date