

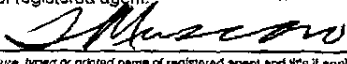
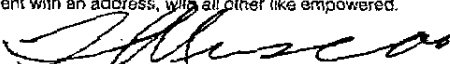


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000086605			
1. Entity Name TMA REAL PROPERTY, INC.			
Principal Place of Business 3502 BAY TO BAY BOULEVARD TAMPA, FL 33611	Mailing Address 3502 BAY TO BAY BOULEVARD TAMPA, FL 33611		
DO NOT WRITE IN THIS SPACE			
		01092006 No Chg-P CRZE034 (11/05)	
		4. FEI Number 22-3866408	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CASTELLANO, NELSON T 101 E. KENNEDY BLVD., SUITE 2700 TAMPA, FL 33602		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 		2/26/06 1000000452307	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		03/11/06-80021-016 150.00	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	D		
NAME	MUSCARO, TIMOTHY		
STREET ADDRESS	3502 BAY TO BAY BOULEVARD		
CITY-ST-ZIP	TAMPA, FL 33611		
TITLE	D		
NAME	ABDONEY, MICHAEL		
STREET ADDRESS	3502 BAY TO BAY BOULEVARD		
CITY-ST-ZIP	TAMPA, FL 33611		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		2/26/06 8138396899	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	