
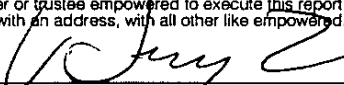


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90037 014 ***150.00

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # P03000111687 1. Entity Name T.M.D. HOLDINGS, INC. | | | |  | |
| Principal Place of Business 6501 PARK OF COMMERCE BLVD. SUITE 111 BOCA RATON, FL 33487 | | | Mailing Address 6501 PARK OF COMMERCE BLVD. SUITE 111 BOCA RATON, FL 33487 | | |
| 2. Principal Place of Business 2824 Center Port Circle Suite, Apt. #, etc. | | | 3. Mailing Address 2824 Center Port Circle Suite, Apt. #, etc. | | |
| City & State Pompano Beach, FL | | | City & State Pompano Beach, FL | | |
| Zip FL 33064 | | Country 33064 | | 4. FEI Number 20-0327504 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent LACERRA, DOUGLAS 2140 NE 30TH STREET LIGHTHOUSE POINT, FL 33064 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LACERRA, DOUGLAS 2140 NE 30TH STREET LIGHTHOUSE POINT, FL 33064 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST LACERRA, CHRISTINA 2140 NE 30TH STREET LIGHTHOUSE POINT, FL 33064 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WOONTON, MARC 301 CONGRESSIONAL WAY DEERFIELD BEACH, FL 33442 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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:  | | | | DOUGLAS LACERRA 3/14/04 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | 954-782-1855 Daytime Phone # | |

50027287



03092005 Chg-P CR2E034 (10/03)