

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000111687

1. Entity Name  
T.M.D. HOLDINGS, INC.



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

03-16-2005 90037 014 \*\*\*150.00

**50027287**



03092005 Chg-P CR2E034 (10/03)

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	Country 33064	Zip FL	Country 33064

4. FEI Number  
20-0327504

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (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
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS LACERRA 3/14/04

954-782-1855

Date

Daytime Phone #