2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000111687

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

Principal Place of Business	Mailing Address
2824 CENTER PORT CIRCLE POMPANO BEACH, FL 33064	2824 CENTER PORT CIRCLE SUITE 111 POMPANO BEACH, FL 33064

02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000838064
03/05/08-80016-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LACERRA, DOUGLAS
STREET ADDRESS	2140 NE 30TH STREET
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	ST
NAME	LACERRA, CHRISTINA
STREET ADDRESS	2140 NE 30TH STREET
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	V
NAME	WOONTON, MARC
STREET ADDRESS	734 ST. ALBANS DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 2-19-08 954-782-1855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #