2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000135437

1. Entity Name
TMC - CODA, INC.



FILED Apr 26, 2007 08:00 A Secretary of State

CR2E034 (11/05)

Principal Place of Business

5165 N.E. 19TH AVENUE POMPANO BEACH, FL 33064

Mailing Address

5165 N.E. 19TH AVENUE POMPANO BEACH, FL 33064



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 20-0382753 Not Applicable

6. Name and Address of Current Registered Agent

COTTEC, MICHAEL 5165 N.E. 19TH AVENUE POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE

No Chg-P

04242007

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					
	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000733320 05/09/07-80080-019 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D COTTEC, MICHAEL 5165 N.E. 19TH AVENUE POMPANO BEACH, FL 33064				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS GITY-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					