

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000017495

Entity Name: FHA-TPA, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

200 S. BISCAYNE BLVD. STE #3900  
MIAMI, FL 33131

## New Principal Place of Business:

## Current Mailing Address:

200 S. BISCAYNE BLVD. STE #3900  
MIAMI, FL 33131

## New Mailing Address:

FEI Number: 20-8783175

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AUERBACH, MARC H ESQ.  
200 S. BISCAYNE BLVD. STE #3900  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SHEA, RICHARD P  
Address: 6499 POWERLINE ROAD #206  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete  
Name: HANLEY, RICHARD T III  
Address: 6499 POWERLINE ROAD #206  
City-St-Zip: FORT LAUDERDALE, FL 33309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD SHEA

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date