


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State


04-26-2006 90215 046 ***150.00

DOCUMENT # P95000064626 1. Entity Name T.C.A. DEVELOPMENT COMPANY	
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Principal Place of Business 61 W COLONIAL DRIVE ORLANDO, FL 32801	Mailing Address 61 W COLONIAL DRIVE ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE

40064302



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3330683	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHOEMAKER, JOHN B
61 W COLONIAL DRIVE
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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 _____

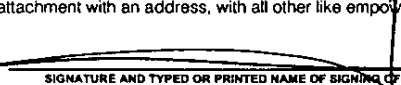
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KODSI, ALBERT 61 W COLONIAL DRIVE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHOEMAKER, JOHN B 61 W COLONIAL DRIVE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT COHEN, ODED 61 W COLONIAL DRIVE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KODSI, STEVE 61 W COLONIAL DRIVE ORLANDO, FL 32801
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:  **Oded Cohen** 3/31/06 (407) 294-7931 x104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #