


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90039 029 \*\*\*150.00

11-2003-0001

<b>DOCUMENT # P95000064626</b> 1. Entity Name <b>T.C.A. DEVELOPMENT COMPANY</b>	
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Principal Place of Business <b>503 N. ORLANDO AVENUE</b> <b>SUITE 105</b> <b>COCOA BEACH FL 32931</b>	Mailing Address <b>503 N. ORLANDO AVENUE</b> <b>SUITE 105</b> <b>COCOA BEACH FL 32931</b>
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**60024471**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b>  <b>SHOEMAKER, JOHN B</b> <b>503 N. ORLANDO AVENUE</b> <b>SUITE 105</b> <b>COCOA BEACH FL 32931</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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4. FEI Number <b>59-3330683</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PT <input type="checkbox"/> Delete
NAME	<b>KODSI, ALBERT</b>
STREET ADDRESS	<b>503 N. ORLANDO AVENUE, SUITE 105</b>
CITY-ST-ZIP	<b>COCOA BEACH FL</b>
TITLE	VS <input type="checkbox"/> Delete
NAME	<b>SHOEMAKER, JOHN B</b>
STREET ADDRESS	<b>503 N ORLANDO AVE #105</b>
CITY-ST-ZIP	<b>COCOA BCH FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED 3/18/03 Date 407-294-7931 Daytime Phone #

CR2E034 (10/02)