

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000074310

FILED  
Jan 16, 2004  
Secretary of State

Entity Name: TMA CONSULTING GROUP, INC.

## Current Principal Place of Business:

3935 LIVE OAK BLVD.  
DELRAY BEACH, FL 33445

## New Principal Place of Business:

## Current Mailing Address:

3935 LIVE OAK BLVD.  
DELRAY BEACH, FL 33445

## New Mailing Address:

FEI Number: 65-0608189      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARNOVITZ, THEODORE M  
3935 LIVE OAK BLVD.  
DELRAY BEACH, FL 33445      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: PT ( ) Delete  
Name: ARNOVITZ, THEODORE M  
Address: 3935 LIVE OAK BLVD.  
City-St-Zip: DELRAY BEACH, FL 334457001

Title: VPAT ( ) Delete  
Name: ARNOVITZ, MATTHEW E  
Address: 1440 PASSPORT LANE  
City-St-Zip: DAYTON, OH 45415

Title: VP ( ) Delete  
Name: ARNOVITZ, SCOTT J  
Address: 1490 QUEENS BLVD  
City-St-Zip: LOS ANGELES, CA

Title: VP ( ) Delete  
Name: ARNOVITZ, MEAD E  
Address: EL CASAJAL 512-3  
City-St-Zip: LIMA, PERU, PE

Title: VP ( ) Delete  
Name: CHAVIN, IRIS  
Address: 3935 LIVE OAK BLVD  
City-St-Zip: DELRAY BCH, FL 334457001

Title: VP ( ) Delete  
Name: YATES, DOUG  
Address: 1490 QUEENS BLVD  
City-St-Zip: LOS ANGELES, CA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 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: IRIS CHAVIN

VP

01/16/2004

Electronic Signature of Signing Officer or Director

Date