2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000074310

Entity Name: TMA CONSULTING GROUP, INC.

FILED Mar 23, 2005 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
3935 LIVE OAK BLVD. DELRAY BEACH, FL 33445				1440 PASSPORT LANE DAYTON, OH 45414		
Current Mailing Address:			New Mail	New Mailing Address:		
3935 LIVE OAK BLVD. DELRAY BEACH, FL 33445				1440 PASSPORT LANE DAYTON, OH 45414		
FEI Number	: 65-0608189	FEI Number Applied For()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and	d Address of Ne	ew Registered Agent:	
1201 HAY		CE COMPANY 301 US				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing	its registered off	ice or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Age	ent		Date	
	mpaign Financii S AND DIRE(ng Trust Fund Contribution ().	ADDITIO	NS/CHANGES T	O OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	ARNOVITZ, TH 3935 LIVE OA		Title: Name: Address: City-St-Zip:	ARNOVITZ, MAT 1440 PASSPOR	Γ LANE	
Title: Name: Address: City-St-Zip:	VPAT (ARNOVITZ, M 1440 PASSPO DAYTON, OH	ORT LANE	Title: Name: Address: City-St-Zip:	VPAT (X) (ARNOVITZ, ELAI 1440 PASSPOR DAYTON, OH 45	Γ LANE	
Title: Name: Address: City-St-Zip:	VP (ARNOVITZ, SI 1490 QUEENS LOS ANGELE	S BLVD	Title: Name: Address: City-St-Zip:	VP (X) (ARNOVITZ, SCO 1490 QUEENS B LOS ANGELES,	LVD	
Title: Name: Address: City-St-Zip:	VP (ARNOVITZ, M EL CASAJAL : LIMA, PERU,	512-3	Title: Name: Address: City-St-Zip:	()(Change()Addition	
Title: Name: Address: City-St-Zip:	CHAVIN, IRIS 3935 LIVE OA) Delete K BLVD , FL 334457001	Title: Name: Address: City-St-Zip:	VP (X) (YATES, DOUG 1490 QUEENS B LOS ANGELES,		
Title: Name: Address:	VP (2 YATES, DOUG 1490 QUEENS	S BLVD	Title: Name: Address:	()(Change () Addition	

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: MATTHEW E. ARNOVITZ PT 03/23/2005