


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 823815		
1. Entity Name MAJESTIC DISTILLING COMPANY INCORPORATED		
Principal Place of Business 2200 MONUMENTAL AVENUE BALTIMORE, MD 21227-4139	Mailing Address 2200 MONUMENTAL AVENUE BALTIMORE, MD 21227-4139	



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-0576965	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 C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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, 2007 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	PD SCHUMAN, LESLIE S 7619 PATAPSCO DR SYKESVILLE, MD 21784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLOUD, MARGARET B 3017 E FRIEND RD ANNAPOLIS, MD 21401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAWSON, FRANCES A 1615 SULPHUR SPRING RD BALTIMORE, MD 21227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC COHEN, VICTOR 4912 BOCAIRE BLVD BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/07-80052-014 150.00

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:  **Leslie S Schuman** **4-18-07** **410-242-0200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #