


FINAL RETURN
2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State


03-17-2006 90138 011 ***150.00

DOCUMENT # F96000006239	
1. Entity Name THE M.J.S. COMPANY OF MD, INC.	

Principal Place of Business 28 ALLEGHENY AVE., STE 507 BALTIMORE, MD 21204	Mailing Address 28 ALLEGHENY AVE., STE 507 BALTIMORE, MD 21204
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

60017030



02282006 Chg-P CR2E034 (11/05)

4. FEI Number 52-0857627	Applied For <input type="checkbox"/> 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 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 Donald Johnston PRES 3-8-06
Signature, typed or printed name of registered agent and title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, DONALD	NAME	
STREET ADDRESS	12330 ALDERMAN COURT	STREET ADDRESS	
CITY-ST-ZIP	TIMONIUM, MD 12330 ROSSLARE RIDGE RD.	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, DAVID A	NAME	JOHNSTON, DAVID A.
STREET ADDRESS	2109 MISTY MEADOW RD	STREET ADDRESS	7115 WARDMAN ROAD
CITY-ST-ZIP	FINKSBURG, MD	CITY-ST-ZIP	BALTIMORE, MD 21212
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, GREGORY E	NAME	
STREET ADDRESS	5 RUFFED GROUSE	STREET ADDRESS	
CITY-ST-ZIP	TOWSON, MD	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: DONALD JOHNSTON 3-8-06 410-828-1961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #