## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

158.75

## DOCUMENT # F97000002675

1. Entity Name

MRI CAPSTONE RESOURCES, INC.

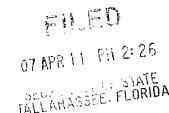


Principal Place of Business

C/O MEDICAL RESOURCES, INC. 1455 BROAD ST., 4TH FLOOR, LEGAL DEPT. BLOOMFIELD, NJ 07003

Mailing Address

C/O MEDICAL RESOURCES, INC. 1455 BROAD ST., 4TH FLOOR, LEGAL DEPT. BLOOMFIELD, NJ 07003





04022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 22-3521648

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

## FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE CASKADON, MARY NAME STREET ADDRESS 1455 BROAD ST., 4TH FLOOR CITY-ST-ZIP BLOOMFIELD, NJ 07003 TITLE NAME MCCABE, DAVID M STREET ADDRESS 1455 BROAD ST., 4TH FLOOR CITY-ST-ZIP BLOOMFIELD, NJ 07003 TITLE NAME STRICKLAND, D. GORDON STREET ADDRESS 1455 BROAD ST., 4TH FLOOR BLOOMFIELD, NJ 07003 CITY-ST-ZIP ٧ħ TITLE VALLA, JOHN NAME STREET ADDRESS 1455 BROAD ST., 4TH FLOOR City-ST-ZIP BLOOMFIELD, NJ 07003 TITLE AS SHENKMAN, JERROLD NAME STREET ADDRESS 1455 BROAD ST., 4TH FLOOR CITY-ST-ZIP BLOOMFIELD, NJ 07003 TITLE NAME STREET ADDRESS CITY-ST-7IP

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12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

shn Valla 4-9-07 941-

XZOS