


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90019 027 ***150.00

DOCUMENT # P03000043868 1. Entity Name MDS & SONS, INC.	
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Principal Place of Business 1403 HOLMES AVE TOMS RIVER, NJ 08753	Mailing Address 1403 HOLMES AVE TOMS RIVER, NJ 08753
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DO NOT WRITE IN THIS SPACE



03122006 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1464341	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALKER, ADRON H 3119 MANATEE AVE WEST BRADENTON, FL 34205

**DO NOT WRITE
IN THIS SPACE**

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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLAWSON, DOROTHY 1403 HOLMES AVE TOMS RIVER, NJ 08753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIRBY, MARIA 68 ALEXANDER AVE NUTLEY, NJ 07110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLAWSON, STEPHEN 1403 HOLMES AVE TOMS RIVER, NJ 08753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRBY, DENNIS M 68 ALEXANDER AVE NUTLEY, NJ 07110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 a address, with all other like empowered.

SIGNATURE: *Saothy Glawson President* **3/13/06 732-729-0208**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #