

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000043868

1. Entity Name
MDS & SONS, INC.



Principal Place of Business
1403 HOLMES AVE
TOMS RIVER, NJ 08753

Mailing Address
1403 HOLMES AVE
TOMS RIVER, NJ 08753

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

03-20-2006 90019 027 ***150.00



03122006 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1464341	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent
WALKER, ADRON H
3119 MANATEE AVE WEST
BRADENTON, FL 34205

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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

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	

**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: Sao Day Glawson President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06 732-729-0008

Date

Daytime Phone #