


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P33004 1. Entity Name MRA STAFFING SYSTEMS, INC.	
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Principal Place of Business 7500 GRACE DR. COLUMBIA, MD 21044 US	Mailing Address C/O MOLLIE K SPRINKLE 7500 GRACE DR COLUMBIA, MD 21044 US
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0180825	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 _____

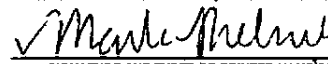
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP FINKE, RICHARD C 5400 BROKEN SOUND BLVD., STE 300 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD TAROLA, ROBERT M 7500 GRACE DR. COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIEGEL, DAVID B 7500 GRACE DR COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT NAKASHIGE, DAVID 5400 BROKEN SOUND BLVD NW BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHELNITZ, MARK A 7500 GRACE DR. COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAT FILON, ELYSE N 5400 BROKEN SOUND BLVD., STE 300 BOCA RATON, FL 33487

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01/21/05-80009-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Mark A. Shelnitz** **1// /05 410/531-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #