

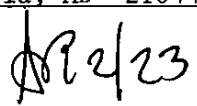
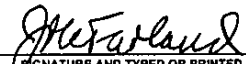


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P33004 1. Entity Name MRA STAFFING SYSTEMS, INC.						FILED 06 FEB 23 PM 12:31 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
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			
2. Principal Place of Business		3. Mailing Address		 01112006 Chg-P CR2E034 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 65-0180825				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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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	VP & Asst. Secretary Carol M. Finke 5400 Broken Sound Boulevard, NW 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	Asst. Treasurer William C. Dockman 7500 Grace Drive 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	Asst. Treasurer Elyse Napoli Filon 5400 Broken Sound Boulevard Boca Raton, FL 33487		
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	Secretary John A. McFarland 7500 Grace Drive Columbia, MD 21044		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHELNITZ, MARK A 7500 GRACE DR. COLUMBIA, MD 21044			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mark A. Shelnitz 7500 Grace Drive Columbia, MD 21044		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT FILON, ELYSE N 5400 BROKEN SOUND BLVD., STE 300 BOCA RATON, FL 33487			TITLE NAME STREET ADDRESS 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:  John A. McFarland, <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Secretary 2/24/2006 <small>Date</small>			
				(410) 531-4000 <small>Daytime Phone #</small>			