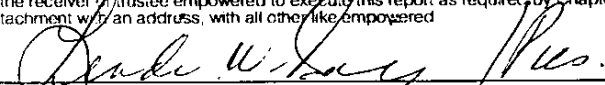


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90377 026 ***158.75

DOCUMENT # F78349 1. Entity Name SEBRING MULTIPLE LISTING SERVICE, INC.					
Principal Place of Business 815 US 27 SOUTH SEBRING, FL 33870 US			Mailing Address 815 US 27 SOUTH SEBRING, FL 33870 US		
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc			
City & State		City & State			
Zip		Zip			
Country		Country			
6. Name and Address of Current Registered Agent BURKE, ARIANNA J 815 US 27 SOUTH SEBRING, FL 33870				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code	
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 ☐ \$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	P HESELINK, ROBERT 2521 US 27 SOUTH SEBRING, FL 33870 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESELINK, Robert ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE BORING, LINDA 809 US 27 SOUTH SEBRING, FL 33870 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORING, LINDA ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOND, ANNE 4900 SUN N LAKE BLVD SEBRING, FL 33872 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, Perry 1843 US 27 North Sebring, FL 33870 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOCK, TERESA 2521 US 27 S SEBRING, FL 33870 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRAUTMAN, Robert 3750 US 27 North Sebring, FL 33870 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUDWIG, JEFF 3750 US 27 NORTH A3 SEBRING, FL 33870 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LABANOWITZ, GAYLE 1843 US 27 NORTH Sebring, FL 33870 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AE BURKE, ARIANNA J 815 US 27 SOUTH SEBRING, FL 33870 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JEAN ECKMAN 1843 US 27 North Sebring, FL 33870 ☐ Change ☒ Addition	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3-27-06 Daytime Phone #: 863-385-6014		