

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 05, 2007
Secretary of State**

DOCUMENT# P96000013108

Entity Name: MLS REALTY, INC.

Current Principal Place of Business:

1192 E. NEWPORT CENTER DRIVE, STE. 200
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1192 E. NEWPORT CENTER DRIVE, STE. 200
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 65-0641843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECKERT, SCOTT
1192 E. NEWPORT CENTER DRIVE
SUITE 200
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ECKERT, SCOTT A
Address: 1192 E. NEWPORT CENTER DRIVE, STE. 200
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: DVPS () Delete
Name: ECKERT, CHARLES S
Address: 1192 E. NEWPORT CENTER DRIVE, STE. 200
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: AS () Delete
Name: ECKERT, SIBYL
Address: 1192 E. NEWPORT CENTER DRIVE, STE. 200
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: AT () Delete
Name: ECKERT, PATRICIA
Address: 1192 E. NEWPORT CENTER DRIVE, STE. 200
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: BRONSTEIN, WILLIAM
Address: 1192 E. NEWPORT CENTER DRIVE, STE. 200
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT ECKERT

PT

06/05/2007

Electronic Signature of Signing Officer or Director

_____ Date