2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 305877

FILED Feb 06, 2007 Secretary of State

Entity Name: MULTIPLE LISTING SERVICE OF BREVARD, INC.

Current Principal Place of Business:			14647 1 111	New Principal Place of Business:		
1450 SARI MELBOUF	NO RD. RNE, FL 32935					
Current Mailing Address:			New Mai	New Mailing Address:		
1450 SARI	NO RD					
	RNE, FL 32935					
El Number	: 59-1148298	FEI Number Applied For	() FEI Number Not Ap	plicable () Certificate	of Status Desired (X)	
Name and	l Address of C	urrent Registered Age	ent: Name an	d Address of New Regis	tered Agent:	
1450 SARI	, MARK A NO ROAD RNE, FL 32935	US				
	e named entity s e of Florida.	submits this statement fo	or the purpose of changing	; its registered office or reg	istered agent, or both	
SIGNATUI	RE:					
	Electron	ic Signature of Register	ed Agent	Da	ate	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIO	NS/CHANGES TO OFFIC	ERS AND DIRECTO	
Fitle: Name: Nddress:	D () PETTY, JAMES 5920 SOUTH H		Title: Name:	P (X) Change() PETTY, JAMES A	Addition	
		100171111	Address:	5920 SOUTH HWY A1A		
City-St-Zip:		BEACH, FL 32951	City-St-Zip:		32951	
City-St-Zip: Fitle:	MELBOURNE E					
Title: Name:	MELBOURNE E D () DONOVAN, KIT	BEACH, FL 32951 Delete TY C	City-St-Zip: Title: Name:	MELBOURNE BEACH, FL		
Fitle: Name: Nddress:	MELBOURNE E D () DONOVAN, KIT 1575 SARNO R	BEACH, FL 32951 Delete TY C OAD.	City-St-Zip: Title: Name: Address:	MELBOURNE BEACH, FL (
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Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip:	MELBOURNE E D () DONOVAN, KIT 1575 SARNO RI MELBOURNE, F P () SWANN, NONA 100 RIALTO PL MELBOURNE, F	Delete TY C OAD. FL 32935 Delete L LACE, SUITE 700 FL 32901	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	MELBOURNE BEACH, FL : () Change () T (X) Change () SWANN, NONA L 100 RIALTO PLACE, SUITE MELBOURNE, FL 32901	Addition Addition 704	
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I hereby certify that the information supplied with this filing does not qualify for the 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: MARK A. MILLIGAN RA 02/06/2007