


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90198 006 ***158.75

DOCUMENT # F78349	
1. Entity Name HEARTLAND 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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

40081521



04162007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2205923	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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
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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, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESELINK, ROBERT 2521 US 27 SOUTH SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLAUDE BORING 809 US 27 South SEBRING, FL 33870 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE BORING, LINDA 809 US 27 SOUTH SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.P. BORING, LINDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, PERRY 1843 US 27 N SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.E. James Wood 1743 US 27 South Sebring, FL 33870 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRAUTMAN, ROBERT 3750 US 27 N SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P William Boyd 1564 LAKEVIEW DR SEBRING, FL 33870 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LABANOWITZ, GAYLE 1843 US 27 N SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kathy Godwin 2010 NW 6th St Okeechobee, FL 34972 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AE BURKE, ARIANNA J 815 US 27 SOUTH SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELGIN BAYLESS 1167 US 27 S. Sebring, FL 33870 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 Arianna J. Burke **ARIANNA J. BURKE** 4-16-07 863-385-6014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40081521

Addition

#F78349

D
LISA BOND
143 East Center Avenue
Sebring, FL 33870

Addition

D
Kim Reed
4800 HAW BRANCH ROAD
SEBRING, FL 33872