2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J92823

FILED Mar 10, 2009 Secretary of State

Entity Name: CENTRAL LISTING SERVICE AT OCEAN REEF, INC.

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Current Principal Place of Business:				New Principal Place of Business:			
31 OCEAN SUITE B20	3						
	O, FL 33037						
Current Mailing Address:				New Mailing Address:			
31 OCEAN SUITE B208 KEY LARGO							
FEI Number:	65-0004293	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD SUITE 1600 MIAMI, FL 33131 US				BRYAN, SUSAN G BROKER 31 OCEAN REEF DR. SUITE A101 KEY LARGO, FL 33037 US			
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.							
SIGNATUR	E: SUSAN G	i. BRYAN				03/10/2009	
	Electron	ic Signature of Registered Age	nt			Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DICKINSON, W	F DR SUITE B208		Title: Name: Address: City-St-Zip:	DICKINSON,	EEF DR SUITE B208	
Title: Name: Address: City-St-Zip:	SWENSON, PE	F DR SUITE B208		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHUMACHER	F DR SUITE B208		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	POST, RUSSEL	F DR SUITE B208		Title: Name: Address: City-St-Zip:	POST, RUSSE	EEF DR SUITE B208	
Title: Name: Address: City-St-Zip:	BRYAN, SUSAN	F DR SUITE B208		Title: Name: Address: City-St-Zip:	BRYAN, SUSA	EEF DR SUITE B208	
Title: Name: Address: City-St-Zip:	D () ROURKE, JAY 31 OCEAN REE KEY LARGO, FI			Title: Name: Address: City-St-Zip:	() Change()Addition	

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: SUSAN BRYAN PRES 03/10/2009