2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M18394

FILED Feb 13, 2006 Secretary of State

Entity Name: REGIONAL MULTIPLE LISTING SERVICE, INC.

Current Principal Place of Business:				New Principal	New Principal Place of Business:		
8895 N. MILITARY TRAIL							
301-D PALM BEAG	CH GARDENS,	, FL 33410	US				
Current Mailing Address: New Mailing Address:							
8895 N MILITARY TRAIL 301-D PALM BEACH GARDENS, FL 33410 US							
FEI Number:	65-0005450	FEI Number A	oplied For ()	FEI Number Not Applicable	ele () Certificate of Status Desired ()		
Name and	Address of Cu	ırrent Regist	ered Agent:	Name and Ado	dress of New Registered Agent:		
MILLER, JAMES F. 1400 CENTRE PARK BLVD. SUITE 860 WEST PALM BEACH, FL 33401 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.							
SIGNATURE: Floatenia Signature of Registered Agent							
Electronic Signature of Registered Agent				L	Date		
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () E FITZGERALD, PA 901 W. INDIANTO JUPITER, FL 334	DWN ROAD # 23	;	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	PD () E LOWE, BOB 2901 N. A1A NORTH HUTCHIN	Delete ISON ISLAND, F	L 34949 US	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TD () E BARBAR, ANDRE 150 E. PALMETT BOCA RATON, FI	O PARK ROAD :	# 525	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VPD () E WETZEL, SHERI 909 W. MIDWAY FORT PIERCE, F	ROAD		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () E CONNOR, PATRI 8895 N. MILITAR PALM BEACH GA	Y TRAIL # 301D	410	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SD ()E CHOY, PHYLLIS 6671 INDIANTOW JUPITER, FL 33-			Title: Name: Address: City-St-Zip:	() Change () Addition		
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: PATRICIA T. CONNOR D 02/13/2006