## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M18394

FILED Feb 01, 2007 Secretary of State

Entity Name: REGIONAL MULTIPLE LISTING SERVICE, INC.

Current P	rincipal Place	of Business:		New Prin	cipal Place	e of Business:	
	ILITARY TRAIL						
301-D PALM BEA	ACH GARDENS	S, FL 33410	US				
current Mailing Address:			New Mailing Address:				
8895 N MI	LITARY TRAIL						
301-D	 ACH GARDENS	EL 22410	US				
	: 65-0005450	FEI Number A		FEI Number Not App	dicable ( )	Certificate of Status Desired (	`
					. ,	•	,
Name and	l Address of C	urrent Regist	ered Agent:	Name and	d Address	of New Registered Agent:	
SUITE 860	TRE PARK BL\						
	e named entity s e of Florida.	ubmits this sta	atement for the p	ourpose of changing	its registere	ed office or registered agent, or	both,
SIGNATU	RE:						
	Electroni	ic Signature of	Registered Age	ent		Date	
lection Car	mpaign Financing	Trust Fund Cor	ntribution ( ).				
			٠,				
	S AND DIRECT		,	ADDITIO	NS/CHANG	SES TO OFFICERS AND DIRE	CTORS
	S AND DIRECT  D (X)  FITZGERALD, P	FORS: Delete PAT OWN ROAD # 23	,,	ADDITIOI Title: Name: Address: City-St-Zip:	NS/CHANG	SES TO OFFICERS AND DIRECTOR ( ) Change ( ) Addition	CTOR
OFFICER itle: lame: address:	S AND DIRECT  D (X) FITZGERALD, P 901 W. INDIANT JUPITER, FL 33  PD () LOWE, BOB 2901 N. A1A	FORS: Delete PAT OWN ROAD # 23	3	Title: Name: Address:	SD MURPHY, 902 S. US	( ) Change ( ) Addition  (X) Change ( ) Addition  LINDA	CTOR
DFFICER. itle: lame: lddress: city-St-Zip: itle: lame: lddress:	S AND DIRECT  D (X) FITZGERALD, P 901 W. INDIANT JUPITER, FL 33  PD () LOWE, BOB 2901 N. A1A NORTH HUTCHI  TD () BARBAR, ANDR	Delete PAT OWN ROAD # 23 PAT Delete  NSON ISLAND, F Delete  EW TO PARK ROAD	3 FL 34949 US	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	SD MURPHY, 902 S. US JUPITER, TD MIKE, JOH 2335 S. ST	( ) Change ( ) Addition  (X) Change ( ) Addition  LINDA  HWY 1  FL 33477 US  (X) Change ( ) Addition	CTOR
DFFICER itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress:	S AND DIRECT  D (X) FITZGERALD, P 901 W. INDIANT JUPITER, FL 33  PD () LOWE, BOB 2901 N. A1A NORTH HUTCHI  TD () BARBAR, ANDR 150 E. PALMET	Delete AT OWN ROAD # 23 8458 US Delete NSON ISLAND, F Delete EW TO PARK ROAD: FL 33432 US Delete II Y ROAD	3 FL 34949 US	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	SD MURPHY, 902 S. US JUPITER, I TD MIKE, JOH 2335 S. ST WELLINGT VPD PAPPA, CA 973 SW SA	( ) Change ( ) Addition  (X) Change ( ) Addition  LINDA  HWY 1  FL 33477 US  (X) Change ( ) Addition  IN  FATE RD 7, SUITE 500  FON, FL 33414 US  (X) Change ( ) Addition	CTOR
DFFICER itle: lame: kddress: city-St-Zip: itle: lame: kddress: city-St-Zip: itle: lame: kddress:	S AND DIRECT  D (X) FITZGERALD, P 901 W. INDIANT JUPITER, FL 33  PD () LOWE, BOB 2901 N. A1A NORTH HUTCHI  TD () BARBAR, ANDR 150 E. PALMET BOCA RATON, F  VPD () WETZEL, SHER 909 W. MIDWAY FORT PIERCE, D () CONNOR, PATR 8895 N. MILITAF	Delete AT OWN ROAD # 23 3458 US Delete NSON ISLAND, F Delete EW TO PARK ROAD FL 33432 US Delete If Y ROAD FL 34982 Delete	3 FL 34949 US # 525	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	SD MURPHY, 902 S. US JUPITER, I TD MIKE, JOH 2335 S. ST WELLINGT VPD PAPPA, CA 973 SW SA	( ) Change ( ) Addition  (X) Change ( ) Addition  LINDA  HWY 1  FL 33477 US  (X) Change ( ) Addition  IN  FATE RD 7, SUITE 500  FON, FL 33414 US  (X) Change ( ) Addition  ARMEN  AVAGE BLVD	CTOR

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 02/01/2007