

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M18394

FILED
Jan 25, 2008
Secretary of State

Entity Name: REGIONAL MULTIPLE LISTING SERVICE, INC.

Current Principal Place of Business:

8895 N. MILITARY TRAIL
301-D
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

8895 N MILITARY TRAIL
301-D
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 65-0005450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, JAMES F.
1400 CENTRE PARK BLVD.
SUITE 860
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MURPHY, LINDA
Address: 902 S. US HWY 1
City-St-Zip: JUPITER, FL 33477 US

Title: TD () Delete
Name: MIKE, JOHN
Address: 2335 S. STATE RD 7, SUITE 500
City-St-Zip: WELLINGTON, FL 33414 US

Title: VPD () Delete
Name: PAPP, CARMEN
Address: 973 SW SAVAGE BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D () Delete
Name: CONNOR, PATRICIA
Address: 8895 N. MILITARY TRAIL # 301D
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: PD () Delete
Name: CHOY, PHYLLIS
Address: 6671 INDIANTOWN ROAD # 58
City-St-Zip: JUPITER, FL 33458 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MURPHY, LINDA
Address: 902 S. US HWY 1
City-St-Zip: JUPITER, FL 33477 US

Title: VPD (X) Change () Addition
Name: MIKE, JOHN
Address: 2335 S. STATE RD 7, SUITE 500
City-St-Zip: WELLINGTON, FL 33414 US

Title: PD (X) Change () Addition
Name: PAPP, CARMEN
Address: 1973 SW SAVAGE BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WINGFIELD, SCOTT
Address: 1555 NW ST LUCIE WEST BLVD
City-St-Zip: PORT ST LUCIE, FL 34986 US

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: KIRSTEN OFIARA

COO

01/25/2008

Electronic Signature of Signing Officer or Director

_____ Date