2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M18394

Entity Name: REGIONAL MULTIPLE LISTING SERVICE, INC.

FILED Mar 02, 2009 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
8895 N. MILITARY TRAIL					4400 PGA BLVD			
301-D PALM BEACH GARDENS, FL 33410 US					700 PALM BEACH GARDENS, FL 33410 US			
Current Mailing Address:					New Mailing Address:			
301-D	ITARY TRAIL CH GARDENS,	FI 33410	US		4400 PGA E 700 PALM BEA		ENS, FL 33410	US
FEI Number:		FEI Number A		FEI Num	nber Not Appli		Certificate of St	
Name and	Address of Cu	ırrent Regist	ered Agent:		Name and	Address o	of New Registered	l Agent:
SUITE 860	TRE PARK BLV		-				-	
The above in the State		ıbmits this sta	atement for the pu	rpose of	f changing it	s registere	d office or register	ed agent, or both,
SIGNATUR	RE:							
Electronic Signature of Registered Agent					Date			
Election Can	npaign Financing	Trust Fund Con	ntribution ().					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	TD ()E MURPHY, LINDA 902 S. US HWY JUPITER, FL 334	1			Title: Name: Address: City-St-Zip:		() Change () Additi	on
Title: Name: Address: City-St-Zip:	VPD () E MIKE, JOHN 2335 S. STATE R WELLINGTON, F				Title: Name: Address: City-St-Zip:		(X) Change () Addit N ATE RD 7, SUITE 500 ON, FL 33414 US	ion
Title: Name: Address: City-St-Zip:	PD () E PAPPA, CARMEN 1973 SW SAVAG PORT ST LUCIE,	E BLVD			Title: Name: Address: City-St-Zip:		(X) Change () Addit POINCIANA WAY S' CH, FL 33480	
Title: Name: Address: City-St-Zip:	D () E CONNOR, PATRI 8895 N. MILITAR PALM BEACH GA	Y TRAIL # 301D			Title: Name: Address: City-St-Zip:		(X) Change () Addit PATRICIA T BLVD STE 700 CH GARDENS, FL 334	
Title: Name: Address: City-St-Zip:	SD () E WINGFIELD, SCO 1555 NW ST LUC PORT ST LUCIE,	CIE WEST BLVD)		Title: Name: Address: City-St-Zip:	1555 NW S	(X) Change () Addit D, THOMAS S T LUCIE WEST BLVD JCIE, FL 34986 US	ion

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: PATRICIA T. CONNOR D 03/02/2009