
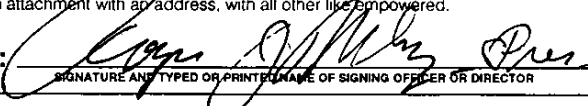


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90063 045 ****70.00

DOCUMENT # N99000005829 1. Entity Name BUSINESS BROKERS OF FLORIDA - MLS, INC.					
Principal Place of Business 513 N BELCHER RD SUITE A CLEARWATER, FL 33765			Mailing Address 513 N BELCHER RD SUITE A CLEARWATER, FL 33765		
2. Principal Place of Business - No P.O. Box # 513 N BELCHER ROAD		3. Mailing Address 513 N BELCHER ROAD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State CLEARWATER FL		City & State CLEARWATER FL		4. FEI Number 59-3638168	
Zip 33765		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33765		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, STEVEN W 8200 BRYAN DAIRY ROAD SUITE 300 LARGO, FL 33777				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, ROGER 2196 MAIN STREET, SUITE E DUNEDIN, FL 34698	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ANDREW CAGNETTA 5400 NW 21ST TERRACE FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAPTOULIS, STEVE P.O. BOX 14056 CLEARWATER, FL 33766	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JERRY COFIELD 9770 BAYMEADOWS ROAD, #103 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEBBINS, KENNETH 8411 W. OAKLAND BLVD., #202 FT. LAUDERDALE, FL 33351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BRYAN SPaulding 2102 N. WILLOW AVE. #200 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOYT, JOHN 324 NEWBURYPORT AVE ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director BUD DIERMAN 5969 Appomattox Rd. JACKSONVILLE, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RISDON, BERT 378 CENTER POINT CIRCLE, #1238 ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNIDER, JAMES 1093 A1A BLVD, #200 SAINT AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				Date: 3/31/07 Time: 727 725 7090	