

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000066711**

1. Entity Name  
**M.L.S. REALTY OF HOUSTON, INC.**



Principal Place of Business  
**1192 E. NEWPORT CENTER DRIVE, STE. 200  
DEERFIELD BEACH, FL 33442**

Mailing Address  
**1192 E. NEWPORT CENTER DRIVE, STE. 200  
DEERFIELD BEACH, FL 33442**



03202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1120604**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ECKERT, CHARLES S  
1192 E. NEWPORT CENTER DRIVE  
SUITE 200  
DEERFIELD BEACH, FL 33442**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
ECKERT, SCOTT A  
1192 E. NEWPORT CENTER DRIVE, STE. 200  
DEERFIELD BEACH, FL 33442**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
ECKERT, CHARLES S  
1192 E. NEWPORT CENTER DRIVE, STE. 200  
DEERFIELD BEACH, FL 33442**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
ECKERT, SIBYL  
1192 E. NEWPORT CENTER DRIVE, STE. 200  
DEERFIELD BEACH, FL 33442**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AT  
ECKERT, PATRICIA  
1192 E. NEWPORT CENTER DRIVE, STE. 200  
DEERFIELD BEACH, FL 33442**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000482593  
04/11/06-80079-014 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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:

*Scott A. Eckert* **SCOTT A. ECKERT**

**3/21/06**

Date

Daytime Phone #