



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 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
--	--

DO NOT WRITE IN THIS SPACE

	
01102007	No Chg-P CR2E034 (11/05)
4. FEI Number 65-1120604	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
-----------------	---	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000526749 01/17/07-80005-012 158.75
---	--	--

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	

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: 	1-10-07	954 771-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #