

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000067287

Entity Name: M.L.S. REALTY OF CHICAGO, INC.

FILED
Jul 24, 2008
Secretary of State

Current Principal Place of Business:

1192 E. NEWPORT CENTER DR., STE. 200
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1192 E. NEWPORT CENTER DR., STE. 200
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 65-1120457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECKERT, CHARLES S
1192 E. NEWPORT CENTER DR., STE. 200
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

ECKERT, SCOTT A
1192 E. NEWPORT CENTER DR., STE. 200
DEERFIELD BEACH, FL 33442 US

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: SCOTT A. ECKERT

07/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ECKERT, SCOTT A
Address: 1192 E. NEWPORT CENTER DR., STE. 200
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: DVPS () Delete
Name: ECKERT, CHARLES S
Address: 1192 E. NEWPORT CENTER DR., STE. 200
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: AS (X) Delete
Name: ECKERT, SIBYL M
Address: 1192 E. NEWPORT CENTER DR., STE. 200
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: AT (X) Delete
Name: ECKERT, PATRICIA A
Address: 1192 E. NEWPORT CENTER DR., STE. 200
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP (X) Delete
Name: ECKERT, TRACY
Address: 1192 E. NEWPORT CENTER DR., STE. 200
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVPS (X) Change () Addition
Name: ECKERT, TRACY
Address: 1192 E. NEWPORT CENTER DR., STE. 200
City-St-Zip: DEERFIELD BEACH, FL 33442

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

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

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

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: SCOTT A. ECKERT

DPT

07/24/2008

Electronic Signature of Signing Officer or Director

Date