

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100163

Entity Name: WMLS GROUP, INC.

FILED
Jan 22, 2007
Secretary of State

Current Principal Place of Business:

900 NORTH MICHIGAN AVE, 19TH FLOOR
CHICAGO, IL 60611

New Principal Place of Business:

Current Mailing Address:

900 NORTH MICHIGAN AVE, 19TH FLOOR
CHICAGO, IL 60611

New Mailing Address:

FEI Number: 20-1353739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
420 SOUTH ORANGE AVE.
SUITE 1200
ORLANDO, FL 328014904 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEAVER, RAY K
Address: 910 NORTH MICHIGAN AVE, STE 1900
City-St-Zip: CHICAGO, IL 60611

Title: VP () Delete
Name: SALMI, SEMI
Address: 17787 N PERIMETER DRIVE, STE 105
City-St-Zip: SCOTTSDALE, AZ 85255

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ERNESTO HALLARE, CONTROLLER

MR

01/22/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date