2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036263

Entity Name: MLS CONNECT, INC.

FILED Apr 21, 2009 Secretary of State

			New Britania I D	New Poincia d Plant of Province	
Current Principal Place of Business:			New Principal Pi	New Principal Place of Business:	
21690 ABIN BOCA RAT	IGTON CT. ON, FL 33428				
Current Mailing Address:			New Mailing Add	New Mailing Address:	
	NGTON CT. ON, FL 33428				
FEI Number:	20-2468088	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	NGTON CT. ON, FL 33428			hannel office and are the selection of t	
in the State		ubmits this statement for the pur	pose of changing its regis	tered office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered Agent		Date	
Election Cam	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPST () E SIEGEL, TODD L 21690 ABINGTOI BOCA RATON, F	N CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ()[WILLIAM, GARR 4113 W. DALE A TAMPA, FL 3360	VE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (X) I THOMAS, CABAN 415 CORTINA CI JOHNS CREEK,	LOSE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (X) I MICHAEL, ADLE 2214 SEQUOIA KEMAH, TX 775	E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () [MATTHEW, ROS 23425 COMMER BEACHWOOD, C	CE PARK	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () [LELAND, HENNIN 4355 E. CARRIA GILBERT, AZ 85	GE WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: TODD SIEGEL DPST 04/21/2009