2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000014712

Entity Name: BREVARD COUNTY MULTIPLE LISTING SERVICE, INC.

FILED Feb 06, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1450 SARN MELBOUR	IO ROAD NE, FL 329355	208 US					
Current Mailing Address:				New Mailing Address:			
1450 SARN MELBOUR	IO ROAD NE, FL 329355	208 US					
FEI Number: 59-3354434 FEI Number Applied For () FEI N			FEI Number Not	umber Not Applicable () Certificate of Status Desired (X)			
Name and	Address of Cu	rrent Registered Agent:	Name	and Address o	of New Regi	istered Agent:	
MILLIGAN, 1450 SARN MELBOUR		US					
The above in the State		ıbmits this statement for the pur	rpose of changi	ing its registere	d office or re	egistered agent, o	r both,
SIGNATUR	E:						
	Electronic	Signature of Registered Agent	t		Ī	Date	
Election Carr	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PETTY, JAMES A 5920 SOUTH HW		Title: Name: Address City-St-Z			,	
Title: Name: Address: City-St-Zip:	P () E SWANN, NONA L 100 RIALTO PLA MELBOURNE, FL	CE STE 700	Title: Name: Address City-St-Z		(X) Change(DNA L DPLACE STET IE, FL 32901	704	
Title: Name: Address: City-St-Zip:	S ()E BRAY, GALE S 1331 S. HARBOR MELBOURNE, FL		Title: Name: Address City-St-2		() Change() Addition	
Title: Name: Address: City-St-Zip:	T () E PRUITT, JAMES I 10 SOUTH HARB MELBOURNE, FL	M OR CITY BLVD.	Title: Name: Address City-St-Z		(X) Change(MES M HARBOR CITY IE, FL 32901	BLVD.	
Title: Name: Address: City-St-Zip:	D () E EGOROFF, RON. 2955 PINEDA CA MELBOURNE, FL	USEWAY #122	Title: Name: Address City-St-Z		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E DONOVAN, KITTY 1575 SARNO RO MELBOURNE, FL	AD	Title: Name: Address City-St-2		() Change () Addition	

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: MARK A. MILLIGAN RA 02/06/2007