2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000046840

FILED Apr 26, 2006 Secretary of State

Entity Name: MID-FLORIDA REGIONAL MULTIPLE LISTING SERVICE, INC.

Current Principal Place of Business:				New Principal Place of Business:			
1330 W LEE ROAD ORLANDO, FL 32810							
Current Mailing Address:			New Mail	New Mailing Address:			
200 S. ORANGE AVENUE SUITE 2300 ORLANDO, FL 32801							
FEI Number: 59-3327537 FEI Number Applied For () FEI Number			FEI Number Not App	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
A.G.C. CO. 200 S ORANGE AVE SUITE 2300 ORLANDO, FL 32801 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:							
Electronic Signature of Registered Agent					Date		
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DT () I VAHEY, JACK 125 E WILT AVE EUSTIS, FL 327		Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	VD () I THOMAS, SCAG 14823 DALE MA TAMPA, FL 336	BRY HWY	Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	S () JENNINGS, BEL PO BOX 609400 ORLANDO, FL 3		Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	AS () I COHEN, JOEL 2219 HILLSHIRE ORLANDO, FL 3		Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	GALLLIGHER-M	Delete CIVER, KATHLEEN .LA RD., STE 101 GS, FL 32708	Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	VTD () I GOODWIN-DIET 931 W. OAK STE KISSIMMEE, FL	REET, STE 100	Title: Name: Address: City-St-Zip:	GOODWIN-DIE	TREET, STE 100		
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: BELTON JENNINGS

S 04/26/2006