2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000046840

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

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
5032 GODDARD STREET	5032 GODDARD AVENUE
ORLANDO, FL 32804	ORLANDO, FL 32804 US

Current Mailing Address: New Mailing Address:

5082 GODDARD AVENUE ORLANDO, FL 32804 US

FEI Number: 59-3327537 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:

A.G.C. CO. 200 SOUTH ORANGE AVE STE 2300 ORLANDO, FL 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PPRF (X) Change () Addition VAHEY, JACK Name: Name: HUNT, MARTIN 125 E WILT AVE 2015 STATE ROAD 434 Address: Address: City-St-Zip: EUSTIS, FL 32726 City-St-Zip: LONGWOOD, FL 32779

Title: VP () Delete Title: VP (X) Change () Addition
Name: BRIGGLE BILL Name: DRYBURG BILL

 Name:
 BRIGGLE, BILL
 Name:
 DRYBURG, BILL

 Address:
 498 ESTHER LANE
 Address:
 601 SHREVE ST U

Address: 498 ESTHER LANE Address: 601 SHREVE ST UNIT 61C City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: PUNTA GORDA, FL 33950

Title: PED () Delete Title: PRES (X) Change () Addition Name: FUENTES, CARLOS A Name: FUENTES, CARLOS A

 Name:
 FUENTES, CARLOS A
 Name:
 FUENTES, CARLOS A

 Address:
 1628 DALE MABRY HWY #105
 Address:
 1628 DALE MABRY HWY #105

City-St-Zip: LUTZ, FL 33548 City-St-Zip: LUTZ, FL 33548

Title: () Delete Title: CEO (X) Change () Addition COHEN, JOEL COWEN-NYBERG, MERRI JO Name: Name: Address: 2219 HILLSHIRE DRIVE Address: 3775 MILLENIA #108 City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ORLANDO, FL 32839

Title: PPD () Delete Title: TREA (X) Change () Addition

 Name:
 HUNT, MARTIN
 Name:
 PEREZ, JOE

 Address:
 2015 STATE ROAD 434
 Address:
 914 W.PLYMOUTH ST

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:
 TAMPA, FL 33603

Title: TD () Delete Title: PELE (X) Change () Addition Name: CHANDLER, AARON Name: CHANDLER, AARON Address: 4406 S FLORIDA AVENUE, #27

 Address:
 4406 S FLORIDA AVENUE, #27
 Address:
 4406 S FLORIDA AVENUE

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:
 LAKELAND, FL 33813

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: MARTIN HUNT PPRE 04/13/2009

Electronic Signature of Signing Officer or Director

Date