2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002695

FILED Feb 12, 2007 Secretary of State

Entity Name: REALTOR ASSOCIATION OF GREATER MIAMI AND THE BEACHES, INC.

Current Principal Place of Business: New Principal Place of Business:

700 S. ROYAL POINCIANA BLVD. SUITE 400 MIAMI, FL 33166

Current Mailing Address: New Mailing Address:

700 S. ROYAL POINCIANA BLVD. SUITE 400 MIAMI, FL 33166

FEI Number: 59-0359750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KINNEY, TERESA K 700 S. ROYAL POINCIANA BLVD. SUITE 400 MIAMI, FL 33166 US

OFFICERS AND DIRECTORS:

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

Liectronic Signature of Registered Ag

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: DAHNE, PATRICIA E Name: SMITH, RENATE Address: 3121 PONCE DE LEON BLVD. Address: 13155 SW 42 STREET, SUITE 200

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33175

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 FONTE, AUGUSTO J
 Name:
 HOUSEN, CAROL B

 Address:
 1800 SW 27 AVENUE, SUITE 201
 Address:
 6150 SW 76 STREET

 City-St-Zip:
 MIAMI, FL 33145
 City-St-Zip:
 SOUTH MIAMI, FL 33143

Title: M () Delete Title: () Change () Addition

 Name:
 KING KINNEY, TERESA
 Name:

 Address:
 700 S. ROYAL POINCIANA BLVD., SUITE 400
 Address:

 City-St-Zip:
 MIAMI, FL 33166
 City-St-Zip:

Title: V () Delete Title: V (X) Change () Addition

 Name:
 SMITH, RENATE
 Name:
 KIRSCHNER, KIMBERLY

 Address:
 13155 SW 42 STREET, SUITE 200
 Address:
 2005 VAN BUREN STREET

 City-St-Zip:
 MIAMI, FL 33175
 City-St-Zip:
 HOLLYWOOD, FL 33020

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA KING KINNEY MRS. 02/12/2007