


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P34905
 1. Entity Name
ADROIT \U.S.\ PROPERTY CORPORATION



Principal Place of Business Mailing Address
C/O AVANTI PROPERTIES GROUP **C/O AVANTI PROPERTIES GROUP**
923 N. PENNSYLVANIA AVE. **923 N. PENNSYLVANIA AVE.**
WINTER PARK FL 32789 **WINTER PARK FL 32789**
US **US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number Applied For (Not Applicable)
98-0080166

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHWARTZ, CHARLES
C/O ANANTI PROPERTIES GROUP
923 N. PENNSYLVANIA AVE.
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

[Handwritten Signature]

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May 2 Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	AT	<input type="checkbox"/>
NAME	SHERMAN, B	
STREET ADDRESS	923 N. PENN. AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	V	<input type="checkbox"/>
NAME	SCHWARTZ, CHARLES	
STREET ADDRESS	923 N. PENN. AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	S	<input type="checkbox"/>
NAME	ROSEN, DAWN	
STREET ADDRESS	%22 ST. CLAIR AVE. EAST	
CITY-ST-ZIP	TORONTO,ONT.,CANADA	
TITLE	TOD	<input type="checkbox"/>
NAME	COHEN, JUDITH LOEB	
STREET ADDRESS	%22 ST. CLAIR AVE. EAST	
CITY-ST-ZIP	TORONTO,ONT.,CANADA	
TITLE	V	<input type="checkbox"/>
NAME	SHAPIRO, MARVIN M.	
STREET ADDRESS	923 N. PENN. AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	AS	<input type="checkbox"/>
NAME	MORALES, JANET	
STREET ADDRESS	923 N. PENN. AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE			
NAME			
STREET ADDRESS	U00000498070		
CITY-ST-ZIP	04/22/06-80080-013 150.00		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* **Charles Schwartz** **APR 03 2006** **40762884**