


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # 691381 1. Entity Name U. S. AREA REALTY INC. |  |
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| Principal Place of Business 1 S. ORLANDO AVENUE COCOA BEACH, FL 32931 | Mailing Address 1 S. ORLANDO AVENUE COCOA BEACH, FL 32931 |
|---|---|

DO NOT WRITE IN THIS SPACE

08032005 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-2108454 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ROMANO, BARBARA 1 SOUTH ORLANDO COCOA BEACH, FL 32931 |
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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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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|---|---|--------------------------------|---|
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROMANO, BARBARA 19 COVE VIEW COCOA BEACH, FL 32931 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ROMANO, STEVE 168 BAHAMA DR COCOA BEACH, FL 32931 |
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200060951272
10/26/05--01035--005 **150.00

200060951272
01/03/06--01004--002 **600.00

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STATEMENT 05

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

| | | | |
|--|-------|------|-----------------|
| SIGNATURE:  | 9-105 | Date | Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

FILED
US. DEC 30 AM 11:04
TALLAHASSEE, FLORIDA

