
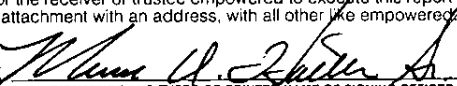


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90050 027 \*\*\*150.00

<b>DOCUMENT # P03000115748</b> 1. Entity Name <b>US REALTY SOLUTION, INC.</b>					
Principal Place of Business <b>12412 SAN JOSE BOULEVARD SUITE 402 JACKSONVILLE, FL 32223</b>			Mailing Address <b>12412 SAN JOSE BOULEVARD SUITE 402 JACKSONVILLE, FL 32223</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01162008    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>20-0712630</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>HARTLE, MARK Q SR 12412 SAN JOSE BLVD, SUITE 402 JACKSONVILLE BEACH, FL 32223</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <b>FREEMAN, LEONARD T</b> <b>3948 S 3RD ST #102</b> <b>JACKSONVILLE BEACH, FL 32250</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <b>HARTLE, MARK Q SR</b> <b>12412 SAN JOSE BLVD, SUITE 402</b> <b>JACKSONVILLE BEACH, FL 32223</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T <b>BROPHY, CHRIS C</b> <b>213 MARTELL CT</b> <b>JACKSONVILLE, FL 32259</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DORRIEN, BRIAN</b> <b>14560 SAN PABLO DRIVE NORTH</b> <b>JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC <b>HARTLE, CORA S</b> <b>12412 SAN JOSE BOULEVARD, SUITE 402</b> <b>JACKSONVILLE, FL 32223</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SEC/T</b> <b>HARTLE, CORA S.</b> <b>12412 SAN JOSE BLVD. #402</b> <b>JACKSONVILLE, Florida 32223</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MCCORMICK-DORRIEN, PATRICIA</b> <b>14560 SAN PABLO DRIVE NORTH</b> <b>JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 			1-16-2008    904-262-0088		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		