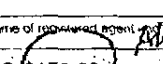
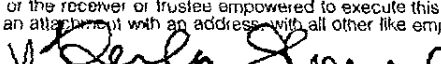


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                          |                                                                                                              |                                                                                                                                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P34907</b><br><small>1. Entity Name</small><br><b>ADROIT U.S. CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                          |                                                                                                              |                                                                    |  |
| <small>Principal Place of Business</small><br><b>923 N. PANNSYLVANIA AVE.<br/>WINTER PARK FL 32789</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                          |                                                                                                              | <small>Mailing Address</small><br><b>923 N. PANNSYLVANIA AVE.<br/>WINTER PARK FL 32789</b>                                                          |  |
| <small>2. Principal Place of Business</small><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | <small>3. Mailing Address</small><br>Suite, Apt. #, etc. |                                                                                                              | 1st MOORE CR2E034 (10/05)                                                                                                                           |  |
| <small>City &amp; State</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | <small>City &amp; State</small>                          |                                                                                                              | <small>4. FEI Number</small><br><b>98-0059895</b>                                                                                                   |  |
| <small>Zip</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | <small>Country</small>                                   |                                                                                                              | <small>5. Certificate of Status Desired</small> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
| <small>6. Name and Address of Current Registered Agent</small><br><b>SCHWARTZ, CHARLES<br/>% AVANTI PROPERTIES GROUP<br/>923 N. PENNSYLVANIA AVE.<br/>WINTER PARK FL 32789</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                          |                                                                                                              | <small>7. Name and Address of New Registered Agent</small><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| <small>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.</small>                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                          |                                                                                                              |                                                                                                                                                     |  |
| SIGNATURE:  (NOTE: Pre-recorded Agent signature required when renewing) DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                          |                                                                                                              |                                                                                                                                                     |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                          |                                                                                                              | <small>9. Election Campaign Financing</small> <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution. <input type="checkbox"/>               |  |
| <small>10. OFFICERS AND DIRECTORS</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                          | <small>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small>                                         |                                                                                                                                                     |  |
| <small>TITLE</small><br>P<br><small>NAME</small><br>LOEB, DONALD E.<br><small>STREET ADDRESS</small><br>%22 ST. CLAIR AVE. EAST<br><small>CITY- ST- ZIP</small><br>TORONTO, ONT., CANADA                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete |                                                          | <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY- ST- ZIP</small> | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><b>U00000458028</b><br><b>03/17/06-80027-016 150.00</b>                             |  |
| <small>TITLE</small><br>V<br><small>NAME</small><br>SCHWARTZ, CHARLES<br><small>STREET ADDRESS</small><br>923 N. PENNSYLVANIA AVE.<br><small>CITY- ST- ZIP</small><br>WINTER PARK FL 32789                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete |                                                          | <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY- ST- ZIP</small> | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                        |  |
| <small>TITLE</small><br>VS<br><small>NAME</small><br>ROSEN, DAWN S.<br><small>STREET ADDRESS</small><br>%22 ST. CLAIR AVE. EAST<br><small>CITY- ST- ZIP</small><br>TORONTO, ONT., CANADA                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete |                                                          | <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY- ST- ZIP</small> | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                        |  |
| <small>TITLE</small><br>TCD<br><small>NAME</small><br>COHEN, JUDITH LOEB<br><small>STREET ADDRESS</small><br>%22 ST. CLAIR AVE. EAST<br><small>CITY- ST- ZIP</small><br>TORONTO, ONT., CANADA                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete |                                                          | <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY- ST- ZIP</small> | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                        |  |
| <small>TITLE</small><br>AS<br><small>NAME</small><br>MORALES, JANET<br><small>STREET ADDRESS</small><br>923 N. PENNSYLVANIA AVE.<br><small>CITY- ST- ZIP</small><br>WINTER PARK FL 32789                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete |                                                          | <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY- ST- ZIP</small> | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                        |  |
| <small>TITLE</small><br>AS<br><small>NAME</small><br>SHERMAN, BEILA<br><small>STREET ADDRESS</small><br>923 N. PENNSYLVANIA AVE.<br><small>CITY- ST- ZIP</small><br>WINTER PARK FL 32789                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete |                                                          | <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY- ST- ZIP</small> | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                        |  |
| <small>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 if changed, or on an attachment with an address with all other like empowered.</small> |                                 |                                                          |                                                                                                              |                                                                                                                                                     |  |
| SIGNATURE:  Beila Sherman 3/1/06 407 6288482                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                          |                                                                                                              |                                                                                                                                                     |  |