

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 OCT 20 PM 12:49

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DATE  
OCT 20 2005



09152005 Chg-P CR2E034 (10/03)

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| DOCUMENT # P99000110812   |   |  |   |  |  |
| 1. Entity Name<br>U.S. ASSETS REALTY GROUP, INC.  |   |  |   |  |  |
| Principal Place of Business<br>1343 MAIN STREET, STE. 302<br>SUITE 602<br>SARASOTA, FL 34236  |   |  | Mailing Address<br>1343 MAIN STREET, STE. 302<br>SUITE 602<br>SARASOTA, FL 34236  |  |  |
| 2. Principal Place of Business<br>240 S. Pineapple Ave.<br>Suite, Apt. #, etc.<br>Suite 400   |   | 3. Mailing Address<br>240 S. Pineapple Ave.<br>Suite, Apt. #, etc.<br>Suite 400                              |   | 4. FEI Number<br>65-0970171  |  |
| City & State<br>Sarasota, FL  |   | City & State<br>Sarasota, FL   |   | Applied For<br>Not Applicable  |  |
| Zip<br>34236  |   | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br>BROWN, THOMAS<br>1343 MAIN STREET, STE. 302<br>SUITE 602<br>SARASOTA, FL 34236   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Brown, Thomas<br>Street Address (P.O. Box Number is Not Acceptable)<br>240 S. Pineapple Ave.<br>Suite 400<br>City<br>Sarasota FL Zip Code<br>34236 |  |  |
| 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.<br>SIGNATURE _____ Thomas Brown, Director<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |   |  |  |
| Amended AR is \$61.25   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>BROWN, THOMAS<br>1343 MAIN STREET, SUITE 602<br>SARASOTA, FL 34236 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>Brown, Thomas<br>240 S. Pineapple Ave., Suite 400<br>Sarasota, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | EVPS<br>TALLMAN, JAMES A<br>1343 MAIN STREET, SUITE 602<br>SARASOTA, FL 34236 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | EVPS<br>Tallman, James A.<br>240 S. Pineapple Ave., Suite 400<br>Sarasota, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>TALLMAN, JAMES A<br>1343 MAIN STREET, SUITE 602<br>SARASOTA, FL 34236 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>Tallman, James A.<br>240 S. Pineapple Ave., Suite 400<br>Sarasota, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
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| 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:  |   | Thomas Brown, President  |   | 10/19/05   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date   |   | Daytime Phone #  |  |

B Mitchell OCT 20 2005