


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P99000110812 1. Entity Name U.S. ASSETS REALTY GROUP, INC.	
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Principal Place of Business 240 S. PINEAPPLE AVENUE SUITE 400 SARASOTA, FL 34236	Mailing Address 240 S. PINEAPPLE AVENUE SUITE 400 SARASOTA, FL 34236
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01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0970171	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWN, THOMAS 240 S. PINEAPPLE AVENUE SUITE 400 SARASOTA, FL 34236
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	000000455850 03/16/06-80005-007 50.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, THOMAS 240 S. PINEAPPLE AVENUE, SUITE 400 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS TALLMAN, JAMES A 240 S. PINEAPPLE AVENUE, SUITE 400 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TALLMAN, JAMES A 240 S. PINEAPPLE AVENUE, SUITE 400 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____