2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P99000110812

1. Entity Name
U.S. ASSETS REALTY GROUP, INC.

Principal Place of Business	Mailing Address
240 S. PINEAPPLE AVENUE SUITE 400 SARASOTA, FL 34236	240 S. PINEAPPLE AVENUE SUITE 400 SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

04262007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0970171

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWN, THOMAS
STREET ADDRESS	240 S. PINEAPPLE AVENUE, SUITE 400
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	EVPS
NAME	TALLMAN, JAMES A
STREET ADDRESS	240 S. PINEAPPLE AVENUE, SUITE 400
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	TD
NAME	TALLMAN, JAMES A
STREET ADDRESS	240 S. PINEAPPLE AVENUE, SUITE 400
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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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: _____ 4/26/07 941-365-7334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #