



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 08:1**  
**Secretary of St**

<b>DOCUMENT # L60303</b> 1. Entity Name <b>KURAMO (USA), INC.</b>		
Principal Place of Business <b>662 S MILITARY TRAIL DEERFIELD BEACH, FL 33440 US</b>		Mailing Address <b>662 S MILITARY TRAIL DEERFIELD BEACH, FL 33440 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ODULATE, CAROLINE 662 S MILITARY TRAIL DEERFIELD BEACH, FL 33440</b>		<b>DO NOT WRITE IN THIS SPACE</b>
<b>8.</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00</b>		<b>9.</b> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>1100000532 P27</b> <b>05/06/06-80072-016 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ODULATE, CAROLINE 662 S. MILITARY TRAIL DEERFIELD BEACH, FL 33440</b>	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>12.</b> 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>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>19th April 2006</b> <small>Date Daytime Phone #</small>