

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 413952**  
 1. Entity Name  
**KURL, INC.**



Principal Place of Business      Mailing Address  
 10 S. ADAMS #2                      10 S. ADAMS #2  
 SARASOTA, FL 34236                SARASOTA, FL 34236

**DO NOT WRITE IN THIS SPACE**



01172007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-1438667**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PRINTZ, MARY**  
**4529 CACTUS**  
**SARASOTA, FL 34231**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD PRINTZ, MARY 4529 CACTUS SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000638611  
 02/27/07-80038-010 150.00

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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: Mary Printz      **MARY PRINTZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      **PRESIDENT**

Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_