


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000104346</b> 1. Entity Name KURT-BRAN, INC.	
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Principal Place of Business 2390 WINDWARD COVE KISSIMMEE, FL 34746	Mailing Address 2390 WINDWARD COVE KISSIMMEE, FL 34746
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**DO NOT WRITE IN THIS SPACE**



06222006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3684532	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  JONES, MARTIN S 7746- 66TH STREET NORTH PINELLAS PARK, FL 33781	<b>DO NOT WRITE IN THIS SPACE</b>
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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.	U000000568034 07/06/06-80005-002 150.00
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDREWS, HOPE CARINA 2390 WINDWARD COVE KISSIMMEE, FL 34746
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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: <u>Hope Andrews</u> <b>HOPE ANDREWS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>6-25-06</u> <small>Date</small>	Daytime Phone # <u>407-944-0849</u> <small>Daytime Phone #</small>