
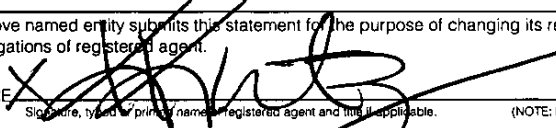
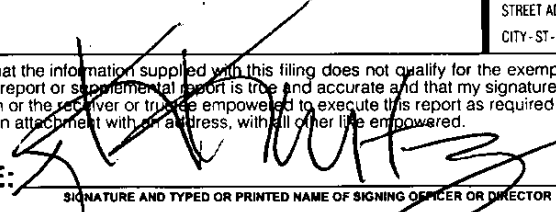


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90032 022 \*\*\*150.00

<b>DOCUMENT # P05000002815</b> 1. Entity Name <b>KURTSERVICES, INC.</b>					
Principal Place of Business <b>2857 HINDA ROAD</b> <b>LAKE PARK, FL 33403 US</b>			Mailing Address <b>2857 HINDA ROAD</b> <b>LAKE PARK, FL 33403 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-2118756</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KURTZ, JOHN W</b> <b>721 US HWY ONE</b> <b>SUITE 121</b> <b>NORTH PALM BEACH, FL 33408-4519</b>			7. Name and Address of New Registered Agent Name <b>KIMBERLY A. KURTZ</b> Street Address (P.O. Box Number is not Acceptable) <b>2857 HINDA ROAD</b> City <b>LAKE PARK</b> FL Zip Code <b>33403</b>		
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 <b>3/10/07</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	PSD KURTZ, WILLIAM J 2857 HINDA ROAD LAKE PARK, FL 33403	<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	VPTD KURTZ, KIMBERLY A 2857 HINDA ROAD LAKE PARK, FL 33403	<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:  DATE <b>3/10/07</b> Daytime Phone #					