


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90029 017 ***150.00

DOCUMENT # P98000028396	
1. Entity Name KURTONI INC.	

Principal Place of Business 3281 PHONETIA DRIVE DELTONA, FL 32738	Mailing Address 122 CRYSTAL OAK DRIVE DELAND, FL 32720
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54013134

2. Principal Place of Business 122 CRYSTAL OAK DRIVE Suite, Apt. #, etc.	3. Mailing Address 122 CRYSTAL OAK DRIVE Suite, Apt. #, etc.
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02242004 Chg-P CR2E034 (10/03)

City & State DELAND, FLORIDA	City & State DELAND, FLORIDA	4. FEI Number 59-3500974	Applied For <input type="checkbox"/> Not Applicable
Zip 32720 Country USA	Zip 32720 Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBERTS, KURT 3281 PHONETIA DRIVE DELTONA, FL 32738	7. Name and Address of New Registered Agent Name ROBERTS, KURT Street Address (P.O. Box Number is Not Acceptable) 122 CRYSTAL OAK DRIVE City DELAND FL Zip Code 32720
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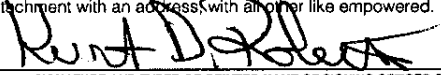
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROBERTS, KURT 3281 PHONETIA DR. DELTONA, FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, KURT 122 CRYSTAL OAK DRIVE DELAND, FLORIDA 32720 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ROBERTS, TONI 3281 PHONETIA DRIVE DELTONA, FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERTS, TONI 122 CRYSTAL OAK DRIVE DELAND, FLORIDA 32720 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, ALLISON 122 CRYSTAL OAK DRIVE DELAND, FLORIDA 32720 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTS, SARAH 122 CRYSTAL OAK DRIVE DELAND, FLORIDA 32720 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **2/27/04 407474-408**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #