


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90016 048 \*\*\*150.00

<b>DOCUMENT # F97000000044</b> 1. Entity Name ASSIGNMENT READY, INC.					
Principal Place of Business 26651 WEST AGOURA ROAD CALABASAS, CA 91302 US			Mailing Address 26651 WEST AGOURA ROAD CALABASAS, CA 91302 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 95-4608103	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
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>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO WOLFF, KRISTI 26651 W AGOURA RD CALABASAS, CA 91302 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T WOLFF, KRISTI 26651 WEST AGOURA ROAD CALABASAS, CA 91302 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECR PAWAR, NANCY 26651 W AGOURA RD CALABASAS, CA 91302 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAMERIS, PETER 26651 W. AGOURA RD. CALABASAS, CA 91302 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRILL, JAMES 26651 W. AGOURA RD. CALABASAS, CA 91302 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		D DAMERIS, PETER 26651 W. AGOURA RD. CALABASAS, CA 91302 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRILL, JAMES 26651 W. AGOURA RD. CALABASAS, CA 91302 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		D DAMERIS, PETER 26651 W. AGOURA RD. CALABASAS, CA 91302 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRILL, JAMES 26651 W. AGOURA RD. CALABASAS, CA 91302 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		D DAMERIS, PETER 26651 W. AGOURA RD. CALABASAS, CA 91302 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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>Nancy Pawar</u> NANCY PAWAR			1/4/07 (818) 878-7900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		