2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90468 036 ***150.00

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04032007 Chg-P CR2E034 (12/06)

DOCUMENT # V22605

1. Entity Name
PYFROM ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9824 HARNEY ROAD THONOTOSASS, FL 33592	230 N. KENWOOD ST. 230 BURBANK, CA 91505

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
8383 Wilshire Boulevard		8383 Wilshire Boulevard	
Suite, Apt. #, etc.: Suite 500		Suite, Apt. #, etc.: Suite 500	
City & State: Beverly Hills, CA		City & State: Beverly Hills, CA	
Zip: 90211	Country: U.S.A.	Zip: 90211	Country: U.S.A.

4. FEI Number: 59-3131129 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMINITI, JUDITH A
9824 HARNEY ROAD
THONOTOSASS, FL 33592

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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: [signature] 4/24/07
Signature, typed or printed name of registered agent and title if applicable (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PYFROM, SHAWN C. 9824 HARNEY ROAD THONOTOSASS, FL 33592	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DRST PYFROM, SHAWN C. 8383 Wilshire Blvd., Suite 500 Beverly Hills, CA 90211	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #