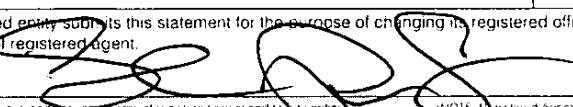
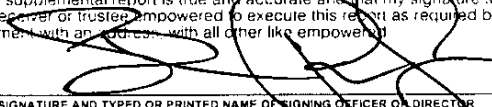


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90468 036 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |                                                                                                                                                                         |                                                                            |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # V22605</b><br>1. Entity Name<br><b>PYFROM ENTERPRISES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                                                                                                                         |                                                                            |                |  |
| Principal Place of Business<br><b>9824 HARNEY ROAD<br/>THONOTOSASS, FL 33592</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                                                                                                                                                         | Mailing Address<br><b>230 N. KENWOOD ST.<br/>230<br/>BURBANK, CA 91505</b> |                                                                                                 |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>8383 Wilshire Boulevard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      | 3. Mailing Address<br><b>8383 Wilshire Boulevard</b>                                                                                                                    |                                                                            |                                                                                                 |  |
| Suite, Apt. #, etc.<br><b>Suite 500</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      | Suite, Apt. #, etc.<br><b>Suite 500</b>                                                                                                                                 |                                                                            |                                                                                                 |  |
| City & State<br><b>Beverly Hills, CA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                      | City & State<br><b>Beverly Hills, CA</b>                                                                                                                                |                                                                            | 4. FEI Number<br><b>59-3131129</b>                                                              |  |
| Zip<br><b>90211</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      | Country<br><b>U.S.A.</b>                                                                                                                                                |                                                                            | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CAMINITI, JUDITH A<br/>9824 HARNEY ROAD<br/>THONOTOSASS, FL 33592</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |                                                                            |                                                                                                 |  |
| 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.<br>SIGNATURE:  <span style="float: right;"><b>4/24/07</b></span><br><small>Signature (typed or printed name of registered agent and fee, if applicable) (Date) (Signature of Agent required when registering)</small>                                                                                                         |                                                                                      |                                                                                                                                                                         |                                                                            |                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                              |                                                                            |                                                                                                 |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |                                                                                                                                                                         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>               |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DP<br>PYFROM, SHAWN C<br>9824 HARNEY ROAD<br>THONOTOSASS, FL 33592                   | <input type="checkbox"/> Delete                                                                                                                                         |                                                                            |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DRST<br>PYFROM, SHAWN C<br>8383 Wilshire Blvd., Suite 500<br>Beverly Hills, CA 90211 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |                                                                            |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <br><br><br>                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                            |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <br><br><br>                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                            |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <br><br><br>                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                            |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <br><br><br>                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                            |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <br><br><br>                                                                         | <input type="checkbox"/> Change <input 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 it 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:  <span style="float: right;"><b>4/24/07</b></span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |                                                                                                                                                                         |                                                                            |                                                                                                 |  |

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