2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000022237

Entity Name: KYTO BIOPHARMA, INC.

FILED Nov 07, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3801 PGA BOULEVARD., SUITE 802 PALM BEACH GARDENS, FL 33410 **Current Mailing Address: New Mailing Address:** 3801 PGA BOULEVARD., SUITE 802 PALM BEACH GARDENS, FL 33410 FEI Number: 65-1086538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SINGER, MICHAEL S ESQ. 3801 PGA BOULEVARD., SUITE 802 PALM BEACH GARDENS, FL 33410 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BENARROCH, GEORGES BENARROCH, GEORGES Name: Name: 68 RUE SPONTINI 49 AVENUE FOCH Address: Address: PARIS FRANCE 75016, City-St-Zip: City-St-Zip: PARIS FRANCE 75016, XX 00000 Title: Title: () Delete (X) Change () Addition Name: MACADAM, DONALD Name: MACADAM, DONALD 318 GRACE STREET, P.O. BOX 1288 318 GRACE STREET, P.O. BOX 1288 Address: Address: PORT DOVER ONTARIO CANADA, N0A1N0 PORT DOVER ONTARIO CANADA, XX 00000 City-St-Zip: City-St-Zip: Title: Title: () Delete D () Change (X) Addition BERGER, JEAN-LUC Name: Name: **56 CHEMIN LANTIER** Address Address: City-St-Zip: City-St-Zip: KIRKLAND QUEBEC CANADA, XX 00000 Title: () Delete Title: () Change (X) Addition SAGMAN, URI Name: Name: Address: Address: 13 OLD FOREST HILL ROAD City-St-Zip: City-St-Zip: TORONTO ONTARIO CANADA, XX 00000 Title: Title: () Delete () Change (X) Addition ROSENBLUM, MICHAEL G Name: Name: Address: Address: 3127 STONEY MIST DR City-St-Zip: City-St-Zip: SUGAR LAND, TX 77479

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGES BENARROCH PD 11/07/2007