SEP-01-2005(THU) 14:21 Moss-Kelley

08/31/2005 11:30 513-984-5710 RAKESH GOVIN

FILED
Sep 08, 2005 8:00 am
Secretary of State
09-08-2005 90067 002 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000004651

1. Entity Name
PRD TECH INC.

50065549

Principal Place of Business
~~534 ENTERPRISE DR.~~
~~ERLANGER, KY 41017-1526~~

Mailing Address
~~534 ENTERPRISE DR.~~
~~ERLANGER, KY 41017-1526~~

2. Principal Place of Business		3. Mailing Address	
1776 MENTOR AVENUE		1776 MENTOR AVENUE	
Suite, Apt. #, etc. SUITE 400-A		Suite, Apt. #, etc. SUITE 400-A	
City & State CINCINNATI, OHIO		City & State CINCINNATI, OHIO	
Zip 45212	Country USA	Zip 45212	Country USA

08282005 Chg-P CR2E034 (10/03)

4. FEI Number 31-1512000 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
~~WHELCHEL, JOHN D~~
~~FLORIDA AQUASTORE & UTILITY CONSTRUCTION,~~
~~4722 NW BOCA RATON BLVD., STE C-102~~
~~BOCA RATON, FL 33431~~

7. Name and Address of New Registered Agent
Name MOSS KELLEY, INC JIM KELLEY
Street Address (P.O. Box Number is Not Acceptable)
3300 UNIVERSITY DR., SUITE 705
City CORAL SPRINGS FL Zip Code 33065

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] JAMES B. KELLEY 8-31-05
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 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CP ☒ Delete	TITLE	PRESIDENT / DIRECTOR ☒ Change ☐ Addition
NAME	~~MELARKODE, RAKESH~~	NAME	RAKESH GOVIND
STREET ADDRESS	~~534 ENTERPRISE DR.~~	STREET ADDRESS	1776 MENTOR AVENUE, SUITE 400-A
CITY-ST-ZIP	~~ERLANGER, KY 410171526~~	CITY-ST-ZIP	CINCINNATI OH 45212
TITLE	DS ☒ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	~~GOVIND, RAKESH~~	NAME	KENT TROUP
STREET ADDRESS	~~534 ENTERPRISE DR.~~	STREET ADDRESS	79 WEST 15th STREET SUITE 15D
CITY-ST-ZIP	~~ERLANGER, KY 410171526~~	CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	☐ Delete	TITLE	DIRECTOR / SECRETARY ☐ Change ☒ Addition
NAME		NAME	MONA GOVIND
STREET ADDRESS		STREET ADDRESS	1776 MENTOR AVENUE, SUITE 400-A
CITY-ST-ZIP		CITY-ST-ZIP	CINCINNATI, OH 45212
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] RAKESH GOVIND 9/5/05 (513)673-3583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #