


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90156 013 ***158.75

DOCUMENT # F03000004651	
1. Entity Name PRD TECH INC.	

Principal Place of Business 1776 MENTOR AVE SUITE 400-A CINCINNATI, OH 45212	Mailing Address 1776 MENTOR AVE SUITE 400-A CINCINNATI, OH 45212
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2. Principal Place of Business 1776 MENTOR AVENUE	3. Mailing Address 1776 MENTOR AVE.
Suite, Apt. #, etc. MAILBOX SUITE # 107	Suite, Apt. #, etc. MAILBOX SUITE # 107
City & State CINCINNATI, OHIO	City & State CINCINNATI OH
Zip 45212	Country USA

40000



04142006 Chg-P CR2E034 (11/05)

4. FEI Number 31-1512000	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KELLY, JIM MOSS KELLY, INC 3300 UNIVERSITY DR, SUITE 705 CORAL SPRINGS, FL 33065	
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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 _____	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAKESH, GEVIND 1776 MENTOR AVENUE, SUITE 400-A CINCINNATI, OH 45212 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROUP, KENT 79 WEST 15TH STREET, SUITE 15D NEW YORK, NY 10011 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOVIND, MONA 1776 MENTOR AVENUE, SUITE 400-A CINCINNATI, OH 45212 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAKESH GOVIND 1776 MENTOR AVENUE, MAILBOX SUITE # 107 CINCINNATI, OH 45212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MONA GOVIND 1776 MENTOR AVENUE, MAILBOX SUITE # 107 CINCINNATI, OH 45212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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>Raen G</u>	Date: <u>4/12/06</u>	Daytime Phone #: <u>513 673 3583</u>
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