


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90023 029 \*\*\*150.00

DOCUMENT # F05000003321			
1. Entity Name PHARMACEUTICAL TECHNOLOGIES, INC.			
Principal Place of Business 14301 FIRST NATIONAL BANK PARKWAY, STE 200 OMAHA, NE 68154		Mailing Address 14301 FIRST NATIONAL BANK PARKWAY, STE 200 OMAHA, NE 68154	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C <input type="checkbox"/> Delete	TITLE	C V D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, WILLIAM H	NAME	William H. Fleming
STREET ADDRESS	14301 FIRST NATIONAL BANK PARKWAY, STE 200	STREET ADDRESS	14301 First National Bank Parkway, Ste 200
CITY-ST-ZIP	OMAHA, NE 68154	CITY-ST-ZIP	Omaha, NE 68154
TITLE	DS <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAKOID, MICHAEL	NAME	Eric R. Schram Schram
STREET ADDRESS	14301 FIRST NATIONAL BANK PARKWAY, STE 200	STREET ADDRESS	14301 First National Bank Parkway, Ste 200
CITY-ST-ZIP	OMAHA, NE 68154	CITY-ST-ZIP	Omaha, NE 68154
TITLE	D <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILLERBECK, DANIEL	NAME	Shellie K. Schoening
STREET ADDRESS	14301 FIRST NATIONAL BANK PARKWAY, STE 200	STREET ADDRESS	14301 First National Bank Parkway, Ste 200
CITY-ST-ZIP	OMAHA, NE 68154	CITY-ST-ZIP	Omaha, NE 68154
TITLE	PTD <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PICK, DOUGLAS	NAME	Darla R. Duree
STREET ADDRESS	14301 FIRST NATIONAL BANK PARKWAY, STE 200	STREET ADDRESS	14301 First National Bank Parkway, Ste 200
CITY-ST-ZIP	OMAHA, NE 68154	CITY-ST-ZIP	Omaha, NE 68154
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAFEVER, CHRISTINA	NAME	Christine L. Zuerlein LaFever
STREET ADDRESS	14301 FIRST NATIONAL BANK PARKWAY, STE 200	STREET ADDRESS	14301 First National Bank Parkway, Ste 200
CITY-ST-ZIP	OMAHA, NE 68154	CITY-ST-ZIP	Omaha, NE 68154
TITLE	V <input type="checkbox"/> Delete	TITLE	
NAME	WATERMAN, CYNTHIA	NAME	
STREET ADDRESS	14301 FIRST NATIONAL BANK PARKWAY, STE 200	STREET ADDRESS	
CITY-ST-ZIP	OMAHA, NE 68154	CITY-ST-ZIP	
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: <i>Walter M. Seck</i>		Date: 3/10/06 Daytime Phone #: 402-964-9030	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



01162006 Chg-P CR2E034 (11/05)

4. FEI Number 47-0764793 Applied For Not Applicable

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

200  
200  
200  
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200