2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003321

Entity Name: PHARMACEUTICAL TECHNOLOGIES, INC.

FILED Mar 29, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
14301 1ST NAT'L BAND PKWY STE 200 OMAHA, NE 68154				14301 1ST NAT'L BANK PKWY STE 200 OMAHA, NE 68154			
Current Mailing Address:				New Mailing Address:			
14301 1ST NAT'L BAND PKWY STE 200 OMAHA, NE 68154				14301 1ST NAT'L BANK PKWY STE 200 OMAHA, NE 68154			
FEI Number:	47-0764793	FEI Number Applied For ()	FEI Numb	oer Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	ı	Name and	Address of	New Registered Agent:	
1200 SOUT PLANTATIO	ORATION SYS TH PINE ISLAN DN, FL 33324 named entity s of Florida.	ID ROAD US	irpose of (changing it	s registered	office or registered agent, or both	
SIGNATUR	RE:						
	Electroni	c Signature of Registered Agen	nt			Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	FLEMING, WILL	ATIONAL BANK PARKWAY, STE 200	۸ م	Fitle: Name: Address: Dity-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	MAKOID, MICHA	TIONAL BANK PARKWAY, STE 200	N A	Fitle: Name: Address: Dity-St-Zip:	MAKOID, MIC	NATIONAL BANK PARKWAY, STE 200	
Title: Name: Address: City-St-Zip:	BILLERBECK, D	TIONAL BANK PARKWAY, STE 200	۱ م	Fitle: Name: Address: Dity-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	DUREE, DARLA	TIONAL BANK PARKWAY, STE 200	/ /4	Fitle: Name: Address: Dity-St-Zip:	PICK, DOUG	NATIONAL BANK PARKWAY, STE 200	
Title: Name: Address: City-St-Zip:	LAFEVER, CHRI	TIONAL BANK PARKWAY, STE 200	۱ م	Fitle: Name: Address: Dity-St-Zip:	LAFEVER, CH	NATIONAL BANK PARKWAY, STE 200	
Title: Name: Address: City-St-Zip:	WATERMAN, CY	ATIONAL BANK PARKWAY, STE 200	۸ <u>م</u>	Fitle: Name: Address: City-St-Zip:	PIEPER, ANG	NATIONAL BANK PARKWAY, STE 200	

I hereby certify that the information supplied with this filing does not qualify for the 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.

	Electronic Circotton of Circoin o		D-t-
SIGNATURE:	DOUGLAS M. PICK	DP	03/29/2007