

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003321

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** PHARMACEUTICAL TECHNOLOGIES, INC.

**Current Principal Place of Business:**

13660 CALIFORNIA STREET  
SUITE 300  
OMAHA, NE 68154 US

**New Principal Place of Business:**

**Current Mailing Address:**

13660 CALIFORNIA STREET  
SUITE 300  
OMAHA, NE 68154 US

**New Mailing Address:**

**FEI Number:** 47-0764793      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

Title: D  
Name: FLEMING, WILLIAM  
Address: 13660 CALIFORNIA STREET  
City-St-Zip: OMAHA, NE 68154 US

Title: D  
Name: MAKOID, MICHAEL  
Address: 13660 CALIFORNIA STREET  
City-St-Zip: OMAHA, NE 68154 US

Title: D  
Name: BILLERBECK, DANIEL  
Address: 13660 CALIFORNIA STREET  
City-St-Zip: OMAHA, NE 68154 US

Title: P  
Name: PICK, DOUGLAS M  
Address: 13660 CALIFORNIA STREET  
City-St-Zip: OMAHA, NE 68154 US

Title: D  
Name: LAFEVER, CHRISTINA L  
Address: 13660 CALIFORNIA STREET  
City-St-Zip: OMAHA, NE 68154 US

Title: V  
Name: PIEPER, ANGELLA  
Address: 13660 CALIFORNIA STREET  
City-St-Zip: OMAHA, NE 68154 US

I hereby 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 all other like empowered.

SIGNATURE: /S/ DOUGLAS M. PICK

D

04/27/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date