FILED
Feb 19, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000004651

1. Entity Name
PRO TECH INC.

Principal Place of Business	Mailing Address
1776 MENTOR AVE MAILBOX SUITE 107 CINCINNATI, OH 45212	1776 MENTOR AVE MAILBOX SUITE 107 CINCINNATI, OH 45212

DO NOT WRITE IN THIS SPACE

02082007 No Chg-P CR2E034 (11/05)

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

KELLY, JIM
MOSS KELLY, INC
3300 UNIVERSITY DR, SUITE 705
CORAL SPRINGS, FL 33065

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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 _____ 2/15/07
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
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOVIND, RAKESH
STREET ADDRESS	1776 MENTOR AVE MAILBOX SUITE 107
CITY-ST-ZIP	CINCINNATI, OH 45212
TITLE	D
NAME	TROUP, KENT
STREET ADDRESS	79 WEST 16TH STREET, SUITE 15D
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	DS
NAME	GOVIND, MONA
STREET ADDRESS	1776 MENTOR AVE MAILBOX SUITE 107
CITY-ST-ZIP	CINCINNATI, OH 45212
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/07-80053-003 158.75

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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: _____ 2/15/07 513 673-3583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #