

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 A
Secretary of State

DOCUMENT # F03000004651

1. Entity Name
PRD TECH INC.



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

Mailing Address
1776 MENTOR AVE
MAILBOX SUITE 107
CINCINNATI, OH 45212



03102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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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IN THIS SPACE**

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

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, 2008 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 15TH 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	

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04/01/08-80057-025 158.75

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IN THIS SPACE**

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2008

513.6733583

Date

Daytime Phone #