2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004651

Entity Name: PRD TECH INC

Address: City-St-Zip:

CINCINNATI, OH 45212

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1776 MENTOR AVE MAILBOX SUITE 107 CINCINNATI, OH 45212 **Current Mailing Address: New Mailing Address:** 1776 MENTOR AVE MAILBOX SUITE 107 CINCINNATI, OH 45212 FEI Number: 31-1512000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KELLY, JIM VIALE, JOHN MOSS KELLY, INC FLORÍDA AQUASTORE 3300 UNIVERSITY DR, SUITE 705 4722 N.W. BOCA RATON BLVD, SUITE C-102 CORAL SPRINGS, FL 33065 US BOCA RATON, FL 33431 US 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: JOHN VIALE 03/31/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GOVIND, RAKESH Name: Name: 1776 MENTOR AVE MAILBOX SUITE 107 Address: Address: City-St-Zip: CINCINNATI, OH 45212 City-St-Zip: Title: Title: () Delete (X) Change () Addition GOVIND, MONA Name: TROUP, KENT Name: 79 WEST 15TH STREET, SUITE 15D 1776 MENTOR AVE MAILBOX SUITE 107 Address: Address: CINCINNATI, OH 45212 NEW YORK, NY 10011 City-St-Zip: City-St-Zip: Title: Title: DS (X) Delete () Change () Addition GOVIND, MONA Name: Name: 1776 MENTOR AVE MAILBOX SUITE 107 Address:

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

City-St-Zip:

SIGNATURE: MONA GOVIND CFO 03/31/2009