2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# F05000003321

Entity Name: PHARMACEUTICAL TECHNOLOGIES, INC.

Current Principal Place of Business:

13660 CALIFORNIA STREET
SUITE 300
OMAHA, NE 68154

New Principal Place of Business:

Current Mailing Address:

13660 CALIFORNIA STREET
SUITE 300
OMAHA, NE 68154

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CVD ( ) Delete
Name: FLEMING, WILLIAM H
Address: 13660 CALIFORNIA STREET, SUITE 300
City-St-Zip: OMAHA, NE 68154

Title: D ( ) Delete
Name: MAKOID, MICHAEL
Address: 13660 CALIFORNIA STREET, SUITE 300
City-St-Zip: OMAHA, NE 68154

Title: D ( ) Delete
Name: BILLERBECK, DANIEL
Address: 13660 CALIFORNIA STREET, SUITE 300
City-St-Zip: OMAHA, NE 68154

Title: PD ( ) Delete
Name: PICK, DOUGLAS M
Address: 13660 CALIFORNIA STREET, SUITE 300
City-St-Zip: OMAHA, NE 68154

Title: D ( ) Delete
Name: LAFEVER, CHRISTINA L
Address: 13660 CALIFORNIA STREET, SUITE 300
City-St-Zip: OMAHA, NE 68154

Title: V ( ) Delete
Name: PIEPER, ANGELLA
Address: 13660 CALIFORNIA STREET, SUITE 300
City-St-Zip: OMAHA, NE 68154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DOUGLAS M. PICK CEO 04/23/2009
Electronic Signature of Signing Officer or Director Date