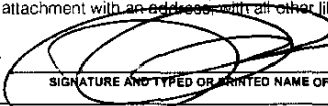



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90065 049 \*\*\*150.00

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # P04000025143</b><br>1. Entity Name<br><b>PRESCRIPTION TECHNOLOGIES INC.</b>  |   |  |  |    |  |
| Principal Place of Business<br><b>3009 NE 183RD LN, # 9<br/>AVENTURA, FL 33160</b>   |   |  | Mailing Address<br><b>3009 NE 183RD LN, # 9<br/>AVENTURA, FL 33160</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>1109 E. HALLANDALE BEACH BLVD</b>   |   | 3. Mailing Address<br><b>1109 E. HALLANDALE BEACH BLVD</b>   |  |   |  |
| Suite, Apt. #, etc.<br><b>BEACH BLVD</b>   |   | Suite, Apt. #, etc.<br><b>BLVD</b>   |  |   |  |
| City & State<br><b>HALLANDALE BEACH, FL</b>  |   | City & State<br><b>HALLANDALE BEACH, FL</b>  |  |   |  |
| Zip<br><b>33009</b>  |   | Country<br>  |  | Zip<br><b>33009</b>   |  |
| Country<br>  |   | Country<br>  |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RABBANI, DAVID<br/>3009 NE 183RD LN, # 9<br/>AVENTURA, FL 33160</b>  |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1109 E. HALLANDALE BEACH BLVD</b><br><br>City<br><b>HALLANDALE BEACH FL</b> Zip Code<br><b>33009</b> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P <input type="checkbox"/> Delete<br><b>RABBANI, DAVID<br/>3009 NE 183RD LN, # 9<br/>AVENTURA, FL 33160</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1109 E. HALLANDALE BEACH BLVD<br/>HALLANDALE BEACH, FL 33009</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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 an other like empowered. |   |  |  |   |  |
| <b>SIGNATURE:</b>   |   |  | 4/3/08 <br>Date Daytime Phone #   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  |  |   |  |