

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001146

FILED
Mar 19, 2009
Secretary of State

Entity Name: DERMAZONE SOLUTIONS, INC.

Current Principal Place of Business:

2440 30TH AVE NORTH
ST PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

2440 30TH AVE NORTH
ST PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 20-5936669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUFFEY, DEBORAH L
2440 30TH AVE NORTH
ST PETERSBURG, FL 33713 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: VCP () Delete
Name: SCHUCHERT, KARALYN R
Address: 1949 SUGARLAND DRIVE, NO. 250
City-St-Zip: SHERIDAN, WY 82801

Title: VCP () Delete
Name: SCHUCHERT, JOSEPH
Address: 1949 SUGARLAND DRIVE, NO. 250
City-St-Zip: SHERIDAN, WY 82801

Title: PD () Delete
Name: DUFFEY, DEBORAH L
Address: 2440 30TH AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33713

Title: STD () Delete
Name: ASH, CARLA J
Address: 1949 SUGARLAND DRIVE, NO. 250
City-St-Zip: SHERIDAN, WY 82801

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:

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: DEBORAH DUFFEY

PD

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date